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ABSTRACT

This report describes a study designed to assess the client and staff libraries at each of the 11 California Department of Mental Health (DMH) and Department of Developmental Services (DDS) residential facilities to determine their existing resources and their ability to meet the requirements of the changing facility populations. The study methodology is described, including interviews with administrators, staff, and clients; site visits; a written survey of library statistics; and interviews with librarians. Summaries of 24 immediate, 32 short-range, and 19 long-range recommendations are also provided. A discussion of the findings indicates that the most acute problem in both staff and client libraries (which is primarily due to understaffing) is the inability to provide adequate services for most of the people the libraries are charged to serve. The primary recommendations focus on the need to change the interdepartmental, non-level-of-care "Staffing Standard" and to assign each library an annual budget determined by a funding formula. The needs for information services for Sacramento and community services staffs and for central coordination of library services are also addressed. Background information for the survey is included in 8 appendices, and the text is supplemented by 31 charts. (KM)

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CALIFORNIA DEPARTMENTS OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

LIBRARY AND INFORMATION NEEDS ASSESSMENT AND FIVE YEAR PLAN

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February 28, 1987

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And, of course, my special thanks go to Hannah and Larry, for help beyond description.

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EXECUTIVE SUMMARY

Issue Statement:

The Departments of Mental Health and of Developmental Services are charged with treatment, research, and evaluation functions for their clients. Each of the eleven residential facilities has a staff library and a clients' library to assist in the accomplishment of these objectives.

An assessment of the twenty-two libraries has never been done to determine how they meet licensing, accreditation, and library standards, or to evaluate their contributions to their parent facilities. The departments decided in 1985 to survey existing resources in the libraries and to determine their ability to meet the requirements of the changing facility populations.

The California State Library granted $35,500 of Library Services and Construction Act (L.S.C.A.) monies to do a needs assessment and to develop a five year plan for library and information services for the Departments of Mental Health and of Developmental Services.

Methodology:

The staff and clients' libraries of the eleven DMH and DDS residential facilities were studied. The methodology included interviews with administrators, staff, and clients, combined with site visits, a written survey of library statistics, and interviews with librarians.

Findings:

The most acute problem in both staff and clients' libraries is the inability to provide adequate services for most of the people the library is charged to serve. The majority of staff and clients are unable to visit the library, and -- primarily due to understaffing -- the libraries provide few outreach services. The blatant need for additional professional and clerical staff in the libraries overwhelms all other concerns.

Overall, the clients' libraries are in far worse condition than the staff libraries in terms of funding, staffing, services, and collections. Only in the conditions of the physical site are the clients' libraries on par, or better, than the staff libraries. The clients' libraries are struggling to develop services for a changing clientele, increasingly disabled (developmental centers) and increasingly forensic (mental hospitals), without sufficient staff, funds, or equipment.

The staff libraries serve primarily the medical staff, with collections which are disproportionately medical. The lack of clerical assistance, assigned budget, or the authority to make expenditure decisions are serious problems as is the shortage of up-to-date technology.

The librarians need to network with each other and with other (outside) libraries in order to share resources and expertise. Micro-computers (with modems, printers, and software) are necessary to make progress in this area.

Other Information Needs within DMH and DDS:
The information needs of departmental staff in Sacramento and throughout the state -- at DDS Regional Centers and DMH Conditional Release Program offices -- must be addressed. The specialized and growing needs of departmental researchers also require special attention.

Recommendations:
Recommendations are offered at the departmental and facility level, and are broken down by immediate (1987), short-range (1987-1990), and long-range (by 1992) timelines. The two primary recommendations are to change the inter-departmental non-level-of-care Staffing Standard, and to assign each library an annual budget determined by a funding formula. Other essential recommendations address the need to change the library's position in the administrative hierarchy, to change the composition and role of the staff library committees, to assign the librarians as budget managers for the libaries, and to develop services and collections.

METHODOLOGY

THE STUDY

During the course of this assessment, I personally visited each of the eleven residential DMH and DDS facilities and have interviewed administrators, staff, and clients (and/or their advocates) at each. Standard interview forms were used. In addition, the librarians completed lengthy personal interviews and returned statistical surveys to me. I have also met with the assembled group of all librarians at two statewide meetings, and have interviewed numerous DMH and DDS administrators and staff in Sacramento. A number of interviews were also done with State Library staff and staff at other libraries. All in all, over 200 interviews have been recorded and analyzed; these form the basis of this findings report. (Interview forms are included in Appendix #1.)

The statistics presented here point to issues and trends, although they are not significant in a scientific sense. That is, I spoke with a relatively small number of people, not chosen at random, and out of proportion to the realities of the institutions. For example, of the 184 staff interviewed at the facilities, 29.6% of them were administrators, a disproportionately high amount. Only 8.6% were nursing staff (including psychiatric technicians) although half of the employees of the residential facilities are nursing staff. 13.6% were medical staff (physicians and Health Service Specialists), 16% were psychologists and social workers, 9.3% were educators, 8.6% were rehabilitation therapists, and 14.2% were "other," including medical ancillary, operations, and training staff. (For an explanation of these occupational groupings, see Appendix #2.)

Although I present this caveat about the statistical insignificance of the interview results, I feel strongly that the trends which they illustrate and the issues that they raise are valid and important for the development of a five year plan for library and information services in the two departments.

THE VALIDATION

In October 1986 a draft version of this report was submitted to the Department of Mental Health, the Department of Developmental Services, the State Library, and the project advisory committee. The following month, an executive summary was sent to all facility Executive Directors (EDs). Meanwhile, the librarians received the full draft report, the executive summary, and a number of discussion aids to use in meeting with staff and administrators (see Appendix VI). Each ED and library advisory committee was asked to meet with their librarian(s) to discuss the immediate and short range recommendations and to provide feedback to the report. Their responses appear after the Recommendations and Conclusions section of this report (see page 107).

SUMMARY OF RECOMMENDATIONS FOR 1987 WHICH REQUIRE LOCAL ACTION BY EXECUTIVE DIRECTOR

The Department of Mental Health/Department of Developmental Services Library and Information Services and Five Year Plan includes 24 recommendations to be implemented in 1987. Of these, 10 require action at the local level by the Executive Director.

Please note that 5 recommendations have no fiscal impact and 4 others have minimal fiscal impact (#24, #27, #43, #44). Estimated costs for implementing these recommendations appear in Appendix VIII. Recommendation #72 requires reallocation of existing EICA funds.

Page numbers following each recommendation refer to the page(s) of explanation in the report.

STAFF LIBRARY RECOMMENDATIONS

Recommendation #4: The Staff Library Committees should include representatives from all occupational groupings, with no one profession or occupation dominating the committee. (Page 51)

Recommendation #5: The Staff Library Committees should be advisory in nature. (Page 51)

Recommendation #13: The Staff Libraries should be designated as "Staff Libraries," rather than "Medical Library" or "Professional Library." (Page 59)

Recommendation #23: The Staff Libraries should remain open during lunch hours. (Page 65)

Recommendation #26: All of the Staff Libraries need better signage. (Page 65)

Recommendation #42: The facility librarians should be encouraged to attend professional meetings at the facilities' expense. (Page 76)

Recommendation #43: A committee of staff librarians should be convened to revise the periodical retention agreement of 1980 and to establish new coordinated efforts in collection development. The results of the committee's work should then be printed and distributed to all the facilities as a manual on inter-facility cooperation. (Page 76)

Recommendation #44: Agnews, Atascadero, Camarillo, and Porterville should add their holdings to SERHOLD and all the facility libraries should sign up for DOCLINE. Similarly, Camarillo, Patton, and Agnews should add their holdings to the California Union List of Periodicals (CULP). (Page 77)

Recommendation #59: The clients' librarian and the staff librarian at each facility should meet to discuss the appropriate location for activities materials. (Page 89)

Recommendation #72: DMH and DDS should target $10,000 of EICA monies per facility to purchase up-to-date equipment, including computers for client use in the libraries (1988) and $2,000 per facility per year thereafter for audio, video, and computer materials. (Page 99)

Recommendation #81: The State Library staff should provide a workshop for DMH and DDS Sacramento staff on CSL services and use. (Page 101)

Recommendation #82: An investigation should be made into alternate methods for providing departmental library services. (Page 102)

Recommendation #83: A written survey should be done of the DDS Regional Center and DMH Conditional Release program staffs to determine their information needs and methods currently being used to fill those needs. Decisions on departmental policies in this area can then be made and procedures implemented. (Page 102)

Recommendation #84: DMH/DDS, through an inter-agency agreement, should hire a professional librarian to serve as joint Library Coordinator on the department staff in Sacramento. (Page 104)

Recommendation #85: The DMH should amend its program review protocol to include the library in its new Treatment Activities Evaluation. (Page 105)

SUMMARY OF RECOMMENDATIONS FOR 1987-1990 WHICH REQUIRE LOCAL ACTION BY THE EXECUTIVE DIRECTOR

The DMH/DDS Library and Information Services Five Year Plan includes 32 recommendations to be implemented during the next three years (by 1990). Of these, 22 require local action by the Executive Director.

Please note that 7 of the recommendations have fiscal impact, and will require additional funding from Sacramento or reallocation of local resources. These are marked with an asterisk. Estimated costs for implementing those recommendations appear as Appendix VIII.

STAFF LIBRARY RECOMMENDATIONS:

A. POLICY AND ADMINISTRATION

Recommendation #3: The staff librarian in each facility should report to the Clinical Director or the Hospital Administrator. (Page 49)

Recommendation #6: The staff library should be a line item (or a cost center) in each facility's budget. (Page 54)

Recommendation #7: The staff librarian should be designated as the Budget Manager for the staff library at each facility. (Page 54)

*Recommendation #8: The departments should adopt and implement the following funding formula. Each staff library should have a materials budget of a minimum of $15 per bed, or $10 per staff member, whichever is higher, from the facility budget. (Page 54)

Recommendation #17 : Jointly, the librarian, training officer, and Chief of Professional Education should determine a policy on the purchase, storage, and use of audio and videotapes. (Page 60)

Recommendation #25: Any services offered to the public should be codified in a written policy and procedure and should be publicized in the community. (Page 65)

Recommendation #28: The staff library card catalog should list all of the holdings in the facility, whether housed in the library or elsewhere in the facility. (Page 66)

*Recommendation #32: All staff libraries should be provided with regular routine janitorial services, as well as repair and refurbishing services as needed. (Page 70)

B. SERVICES AND COLLECTIONS

*Recommendation #12: To better serve the staff as a whole, the staff libraries must include more non-medical journals and other less technical publications for the non-medical occupational groups. (Page 58)

Recommendation #22: All facility staff should be given an orientation to available library services, apart from the overall facility orientation. (Page 64)

Recommendation #24: Provision of outreach library services should be a priority for the staff libraries. (Page 65)

*Recommendation #33: Each staff library should have a photocopier located in or adjacent to the library for free copying from library materials, at least one electric typewriter, and audio and video players. (Page 71)

*Recommendation #34: Each facility staff library should have a micro-computer with modem, printer, and appropriate software. (Page 71)

CLIENTS' LIBRARY RECOMMENDATIONS:

A. POLICY AND ADMINISTRATION

Recommendation #50: The clients' librarian should be designated as the Budget Manager for the clients' library. (Page 81)

*Recommendation #51: The departments should adopt and implement the following funding guideline. The clients' libraries should be funded according to formula of $15 per bed. (Note that in DMH facilities, this number should be based on licensed/program beds after remodeling, a slightly higher number than the current population or licensed capacity.) (Page 84)

Recommendation #67: In preparation for the provision of legal information services, all the DMH clients' librarians should be given a legal bibliography course. (Page 97)

*Recommendation #70: All clients' libraries should be provided with regular routine janitorial services as well as repair and refurbishing services as needed. (Page 98)

Recommendation #78: In addition to formal meetings and training, the clients' librarians should have a staff exchange program whereby the librarian from one facility spends a day with another librarian, sharing expertise and ideas. (Page 100)

Recommendation #79: The clients' libraries should also cooperate with local public libraries and join library networks. (Page 100)

B. COLLECTIONS AND SERVICES

*Recommendation #53 : The clients' libraries need to purchase comic books and general popular magazines (e.g. Sports Illustrated, Good Housekeeping, National Geographic, Life, Time). (Page 87)

Recommendation #58: The clients' libraries should loan, or arrange for the loan, of recreational videocassettes for use on the living units. (Page 89)

Recommendation #60: The clients' libraries should consider available local public library resources to augment their collections. (Page 89)

SUMMARY OF LONG RANGE RECOMMENDATIONS WHICH REQUIRE LOCAL ACTION BY EXECUTIVE DIRECTOR

The Department of Mental Health/Department of Developmental Services Library and Information Services Five Year Plan includes 19 long range recommendations to be implemented by 1992. Of these, 17 require action at the local level by the Executive Director.

Please note that the 12 recommendations which require additional funding are marked with an asterisk. Please see Appendix VIII for estimated costs.

STAFF LIBRARY RECOMMENDATIONS:

Recommendation #9: Libraries required to do purchasing for other departments in the facility should receive separate, specific budgets for each department. (Page 55)

*Recommendation #10: Staff libraries in facilities in areas remote from university libraries (e.g. Atascadero, Porterville, and Camarillo) should receive additional funding. (Page 55)

*Recommendation #11: Staff libraries serving research groups should receive at least 3% of the research center/facility's budget. (Page 55)

*Recommendation #14: In order to entice new users to the library, some popular reading should be available in the library. (Page 59)

*Recommendation #15: The staff libraries should upgrade their general reference collections. (Page 59)

*Recommendation #16: The staff libraries should contain the annotated codes. (Page 60)

*Recommendation #30: All staff libraries should be relocated to rooms which are handicapped accessible and which are conveniently located for staff use. (Page 69)

*Recommendation #31: All staff libraries should have adequate space for the collection and its use, as well as work and office space for the library staff. (Page 69)

CLIENTS' LIBRARY RECOMMENDATIONS:

*Recommendation #55: In order to provide basic legal services, the DMH client libraries should have basic law collections, purchased with guidance from the California Department of Corrections and the American Association of Law Libraries Recommended List. The Initial establishment of such collections should be funded by a special one-time allocation from the central DMH budget, with annual subscriptions and maintenance paid for by the regular facility budget. (Page 88)

*Recommendation #56: In order to provide services to meet the community integration and functional skills training objectives of the facilities, the DMH and DDS libraries should develop pre-release information files as well as purchase commerciallly produced re-entry materials. (Page 88)

*Recommendation #57: The DMH clients' libraries should include more books on therapy-related topics, written for the lay reader. (Page 88)

*Recommendation #61: Library Services must be brought to the clients. (Page 92)

Recommendation #63: The clients' library services should approximate those of the public library and all clients' librarians should be required to provide basic public library services. (Page 93)

*Recommendation #64: Library services should be provided on weekends and during evening hours. (Page 93)

*Recommendation #65: The clients' libraries should provide programming, and not just materials circulation. (Page 93)

*Recommendation #66: The DMH clients' libraries should provide legal information services. (Page 97)

*Recommendation #68: All clients' libraries should be relocated to rooms which are handicapped accessible and which are conveniently located. (Page 97)

*Recommendation #69: All clients' libraries should have adequate space for the collection and its use, as well as work and office space for the library staff. (Page 98)

FINDINGS: THE NEEDS ASSESSMENT

I. INTERVIEWS ABOUT STAFF LIBRARY SERVICES

A. Primary Source of Work-Related Information

When asked to relate a recent need for information and to describe how/where the information was found, 45.8% of the staff interviewed reported that they used the staff library as their primary source. (45.8% is the total of the 38.7% who reported that they viewed the staff library as their primary source and 7.1% who reported that the librarian served as their major source.)

23.9% of the interviewed reported that they used their personal materials (manuals, books, and journals) in their own offices. 15.5% used another library (often one at the college from which they'd graduated or were now attending) and 13.5% called a colleague or supervisor. (See Chart #1.)

Looking at these results by occupational grouping, it is clear that the staff library is the primary source of work-related information for administrators, medical staff, nursing staff, psychologists and social workers, and for educators. But not for rehabilitation therapists (who called on colleagues most often) or for "other" staff who most often used their own materials. See Appendix II for occupational groupings. (See Chart #2.)

Comments on the staff library as a primary resource ranged from "It's the best game in town" (Napa) to "It's the only game in town" (Porterville). (For differences by facility, see Chart #3.)

B. Other Sources of Work-Related Information

In response to a question about other sources of work-related information, administrators and psychologists/social workers most often reported using their own personal collections. Medical and nursing staff most often reported using other libraries. Note that medical and nursing staff have the easiest direct access to other libraries since many physicians are affiliated with other hospitals and/or universities which have their own libraries, and many nursing staff are currently taking college/university courses and use the libraries there. (See Chart #4)

C. Frequency of Staff Library Use

The medical staff reported using the staff library most often, with the majority of physicians and health service specialists (HSS) interviewed stating that they use the staff library weekly or more often. Nursing staff reported using the library either weekly or rarely, depending on the specific facility. Administrators reported using the staff library (either themselves or through an assistant) infrequently. All the other occupational

CHART #1

PRIMARY SOURCE OF INFORMATION
ALL INSTITUTIONS

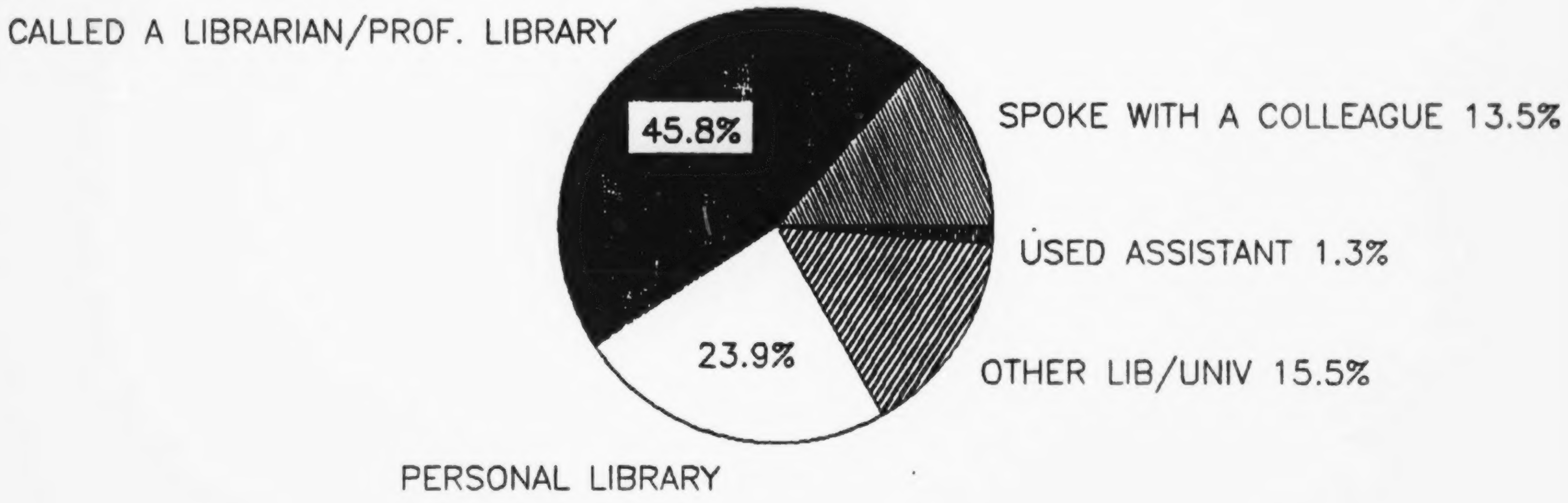


CHART #2

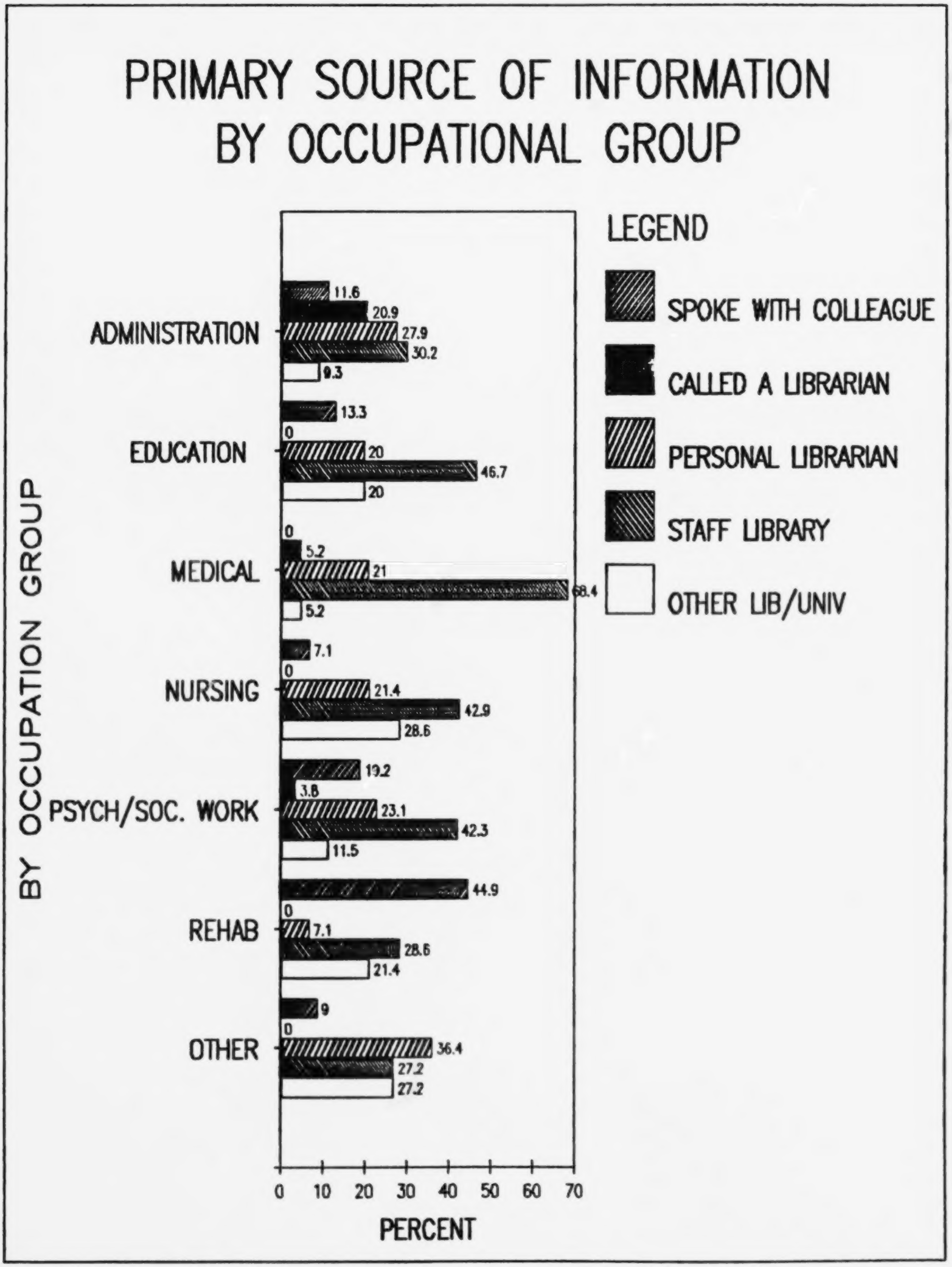

PRIMARY SOURCE OF INFORMATION
BY OCCUPATIONAL GROUP
LEGEND
SPOKE WITH COLLEAGUE
CALLED A LIBRARIAN
PERSONAL LIBRARIAN
STAFF LIBRARY
OTHER LIB/UNIV
BY OCCUPATION GROUP
ADMINISTRATION
11.6
20.9
27.9
30.2
9.3
EDUCATION
13.3
0
20
46.7
20
MEDICAL
0
5.2
21
68.4
5.2
NURSING
7.1
0
21.4
42.9
28.6
PSYCH/SOC. WORK
19.2
3.8
23.1
42.3
11.5
REHAB
44.9
0
7.1
28.6
21.4
OTHER
9
0
36.4
27.2
27.2
0
10
20
30
40
50
60
70
PERCENT

CHART #3

PRIMARY SOURCE OF INFORMATION BY INSTITUTION

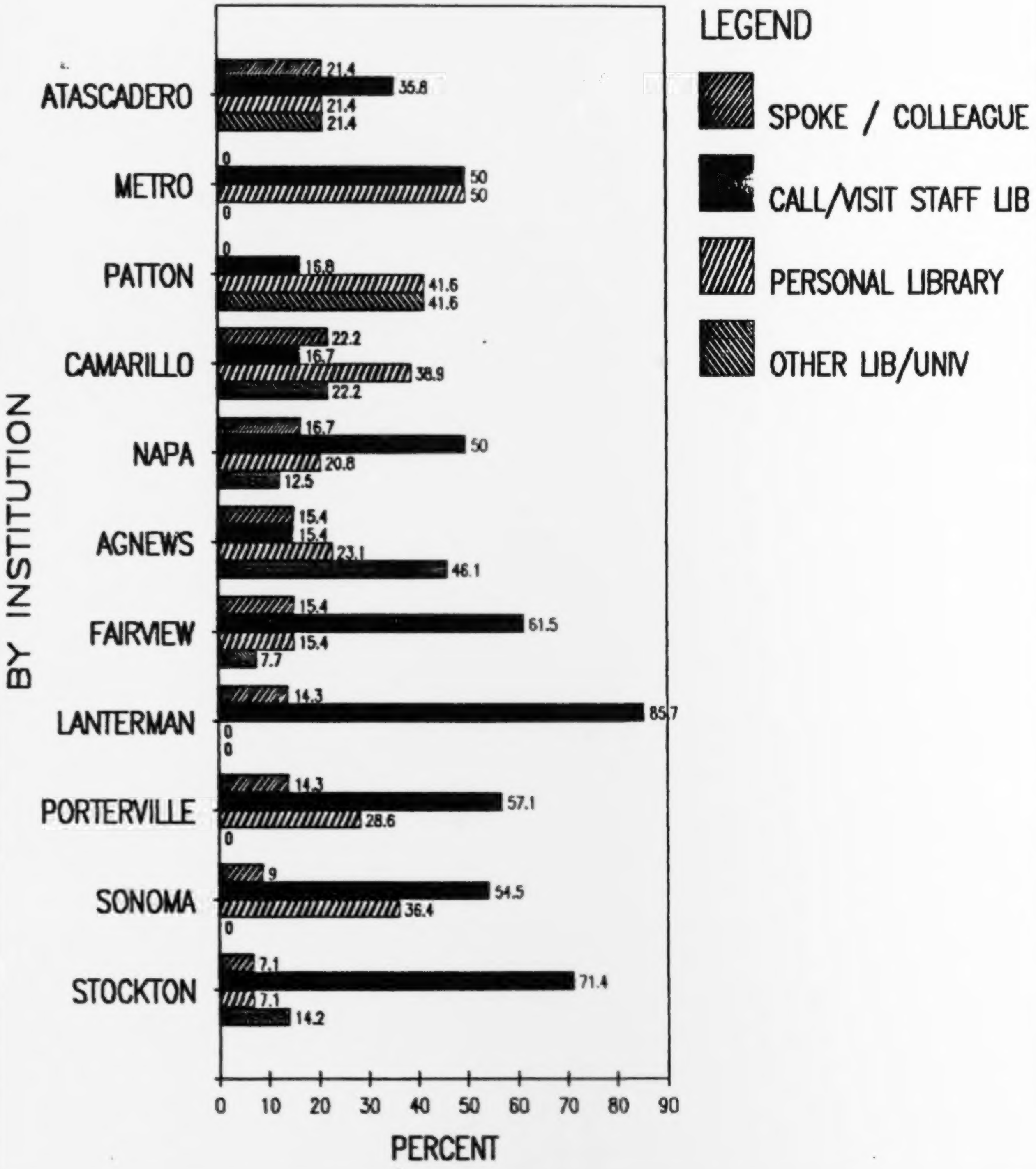
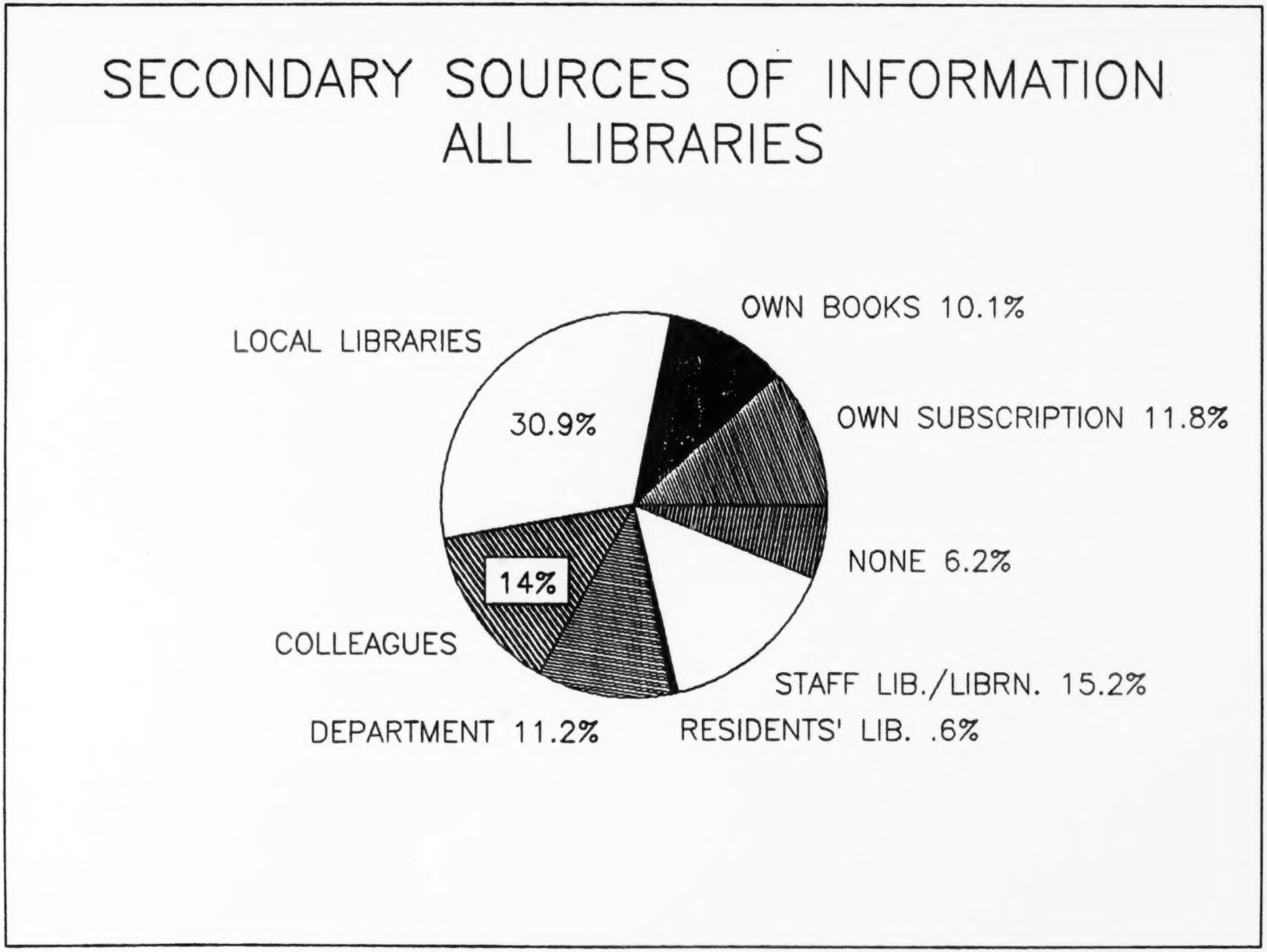


CHART #4


SECONDARY SOURCES OF INFORMATION
ALL LIBRARIES
LOCAL LIBRARIES
30.9%
OWN BOOKS 10.1%
OWN SUBSCRIPTION 11.8%
NONE 6.2%
STAFF LIB./LIBRN. 15.2%
RESIDENTS' LIB. .6%
DEPARTMENT 11.2%
COLLEAGUES
14%

groups reported library use from rarely to daily, depending on the facility; there is no evident cross-facility pattern of use for psychologists/social workers, educators, rehabilitation therapists, or "others." (See Chart #5.)

D. Satisfaction With the Collection

Most satisfied with the staff library collections are the administrators and the medical staff. Least satisfied are the rehabilitation therapists, educators, and "others." Satisfaction varied greatly among facilities and is affected by the type of facility, the composition and role of the library advisory committee, the attitudes of the librarians, and the administrative hierarchy over the staff library. For example, in facilities where the library is supervised by a physician and/or the library committee is composed predominantly of medical staff, the collections are heavily medical and, therefore, less than satisfactory for non-medical staff. (See Charts #6 and #7.)

E. Use of Special Services

58.9% of the staff interviewees had used interlibrary loan (ILL) at least once. Administrators, medical staff, and psychologists/social workers were most often ILL users. Educators and rehabilitation therapists were least often ILL users.

31.1% of the staff interviewees have had an online database search done for them through the staff library. The medical staff and the psychologists/social workers were most likely to have used this service. Educators, rehabilitation therapists, and "other" staff were least likely to have requested a search.

F. Perceived Strengths of the Staff Library

When asked "What are the strengths of the staff library?" 42.1% replied "the librarian" or gave the name of the librarian. As a physician at Stockton said "We think of it as 'using Walt' rather than 'using the library.'" Or at Lanterman: "Laurie is walking information." Or at Fairview: "I tell the librarian what I need; where she gets the information I don't know." Many staff members echoed the comment "The librarian saves me time to do my own work."

28.6% cited the collection as the major strength and 21.1% cited the special services such as ILL, table-of-contents and other specialized dissemination of information (SDI) services, subject searches, and bibliographies. (See Charts #8, 9, and 10.) It is interesting to compare these responses to the librarians' perceptions of the staff library's strengths (See Chart #11.)

I asked the Executive Directors for examples of instances in which the library concretely contributed to facility goals. Some responses: "The facility has three main responsibilities: treatment, training, and research. The library is indispensable to all three." "The staff library provides better patient care

CHART #5

HOW OFTEN USE STAFF LIBRARY BY INSTITUTION

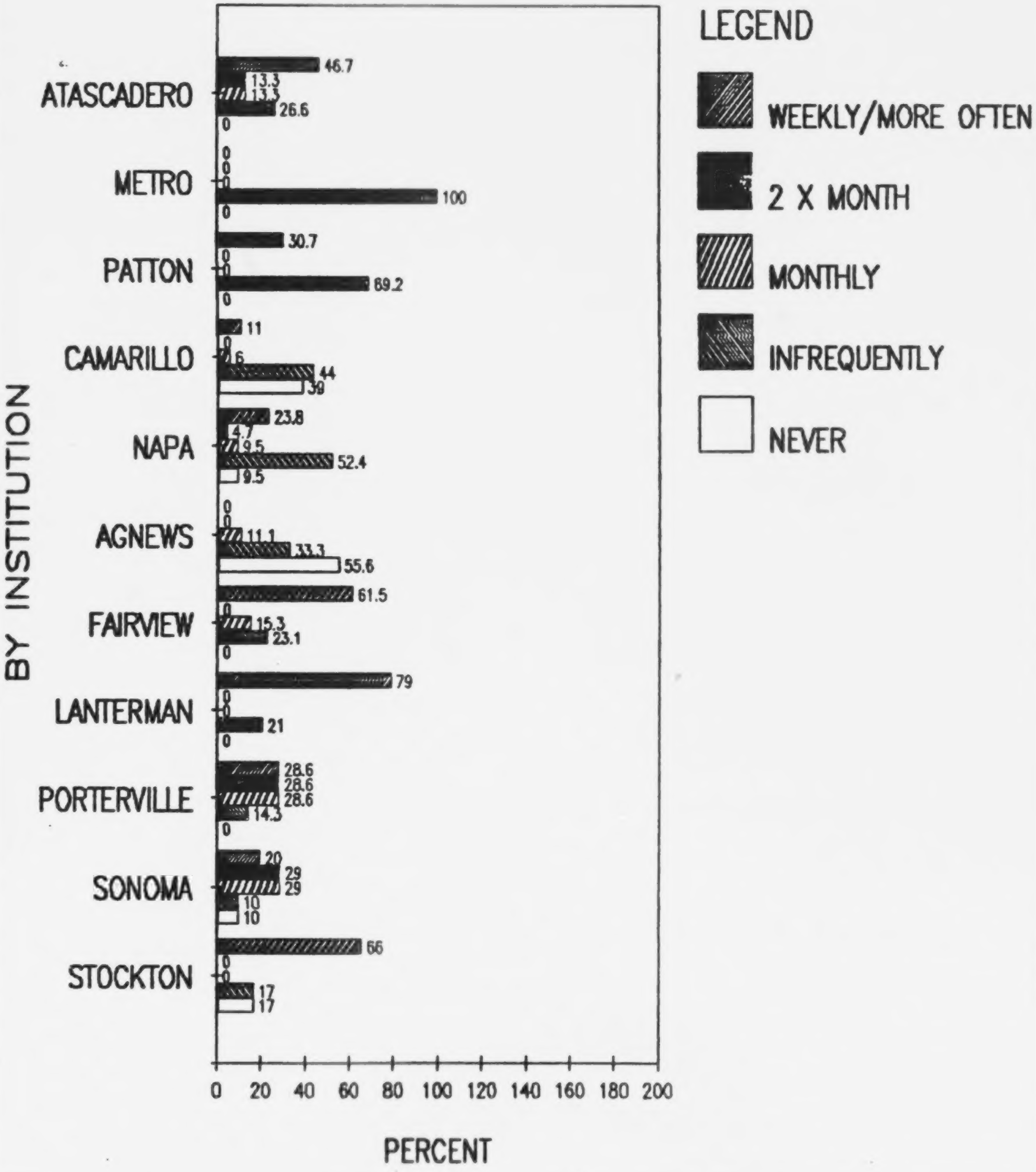


CHART #6

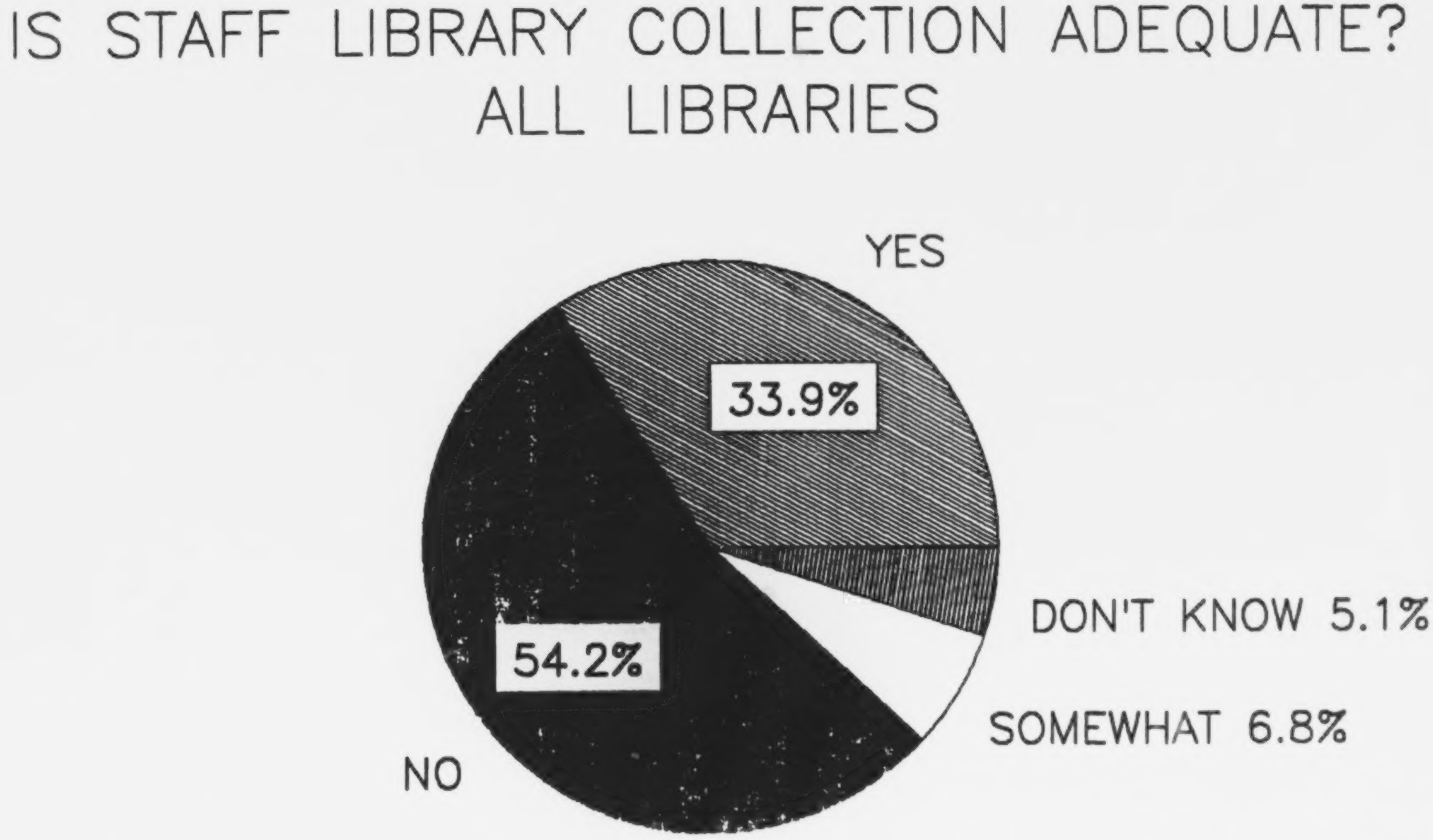

IS STAFF LIBRARY COLLECTION ADEQUATE?
ALL LIBRARIES
YES
33.9%
DON'T KNOW 5.1%
SOMEWHAT 6.8%
54.2%
NO

CHART #7

IS STAFF LIB. COLLECT. ADEQUATE? BY INSTITUTION

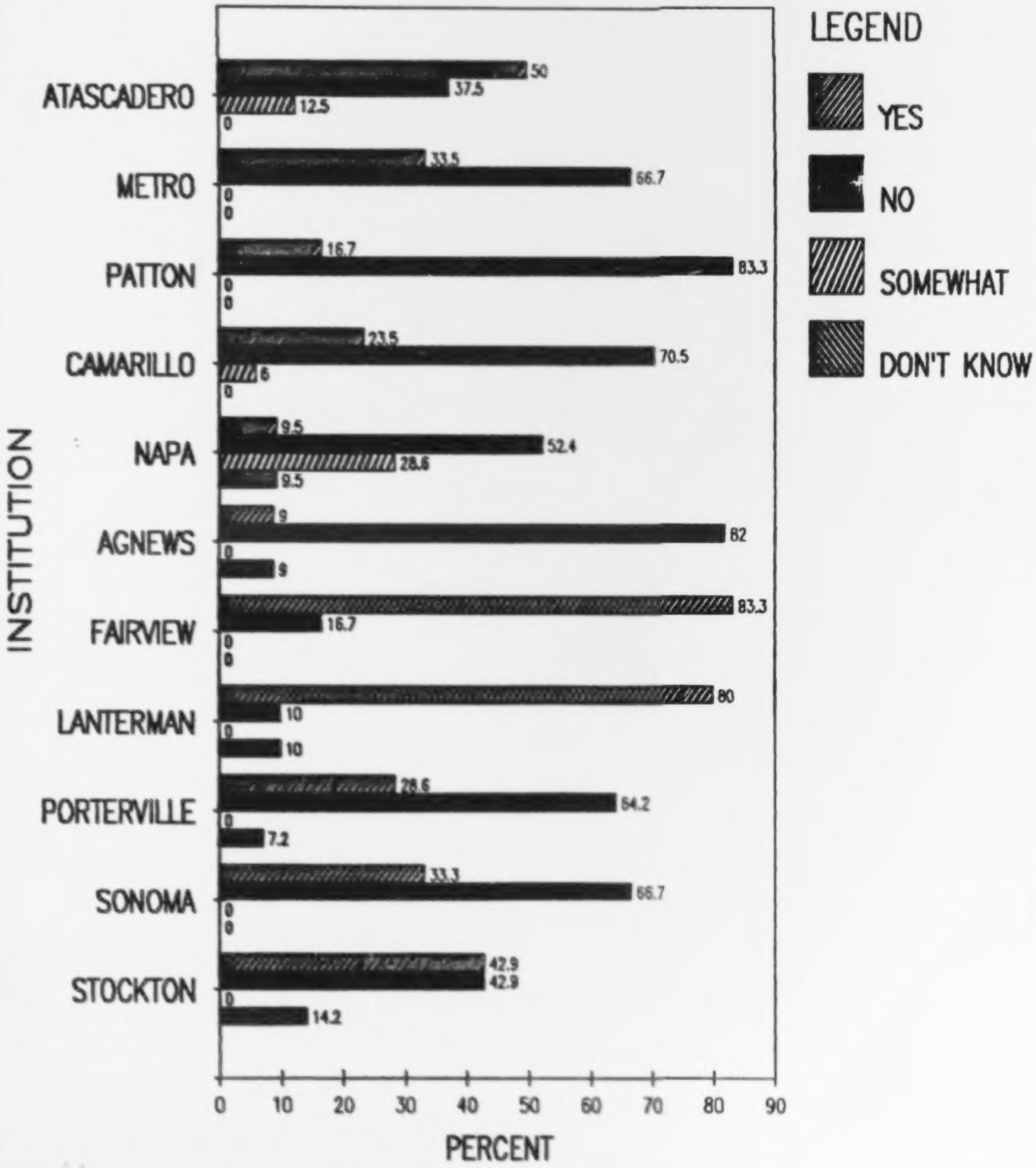


CHART #8

MAJOR STRENGTHS OF STAFF LIBRARY MENTAL HEALTH HOSPITALS

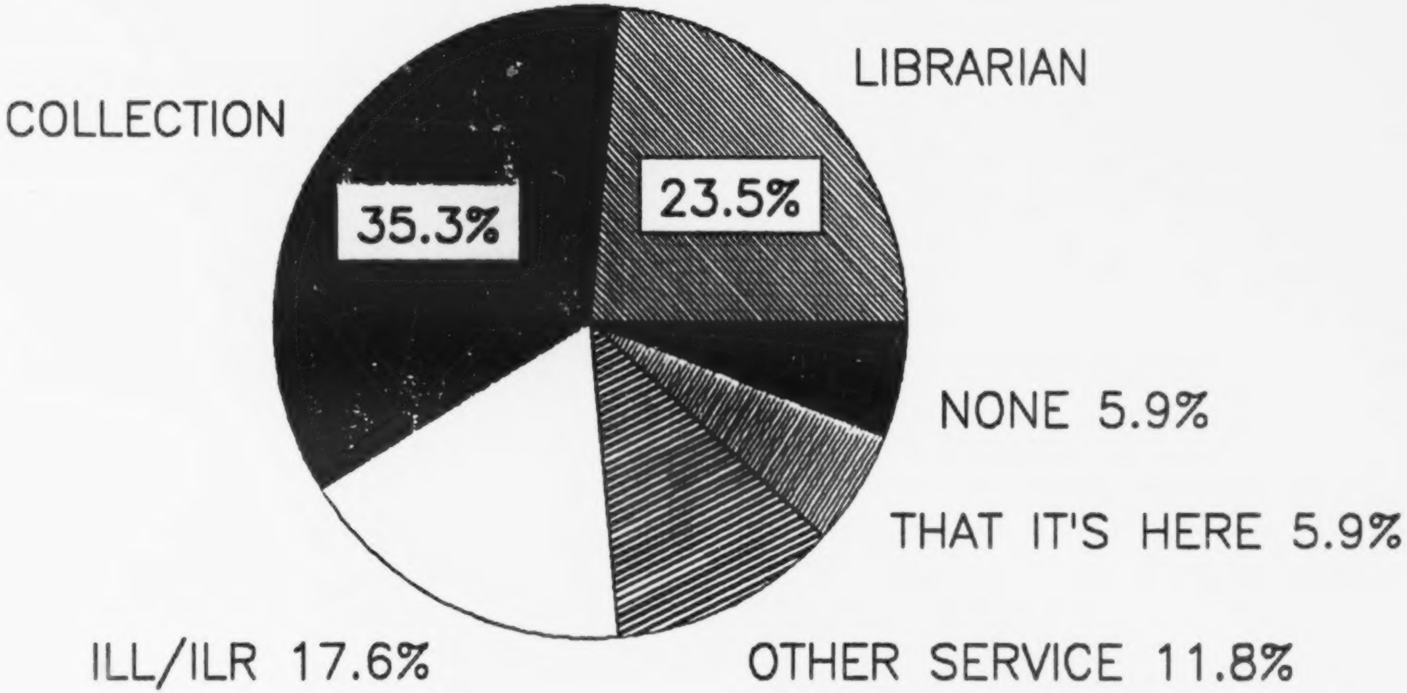


CHART #9

MAJOR STRENGTHS OF STAFF LIBRARY DD FACILITIES

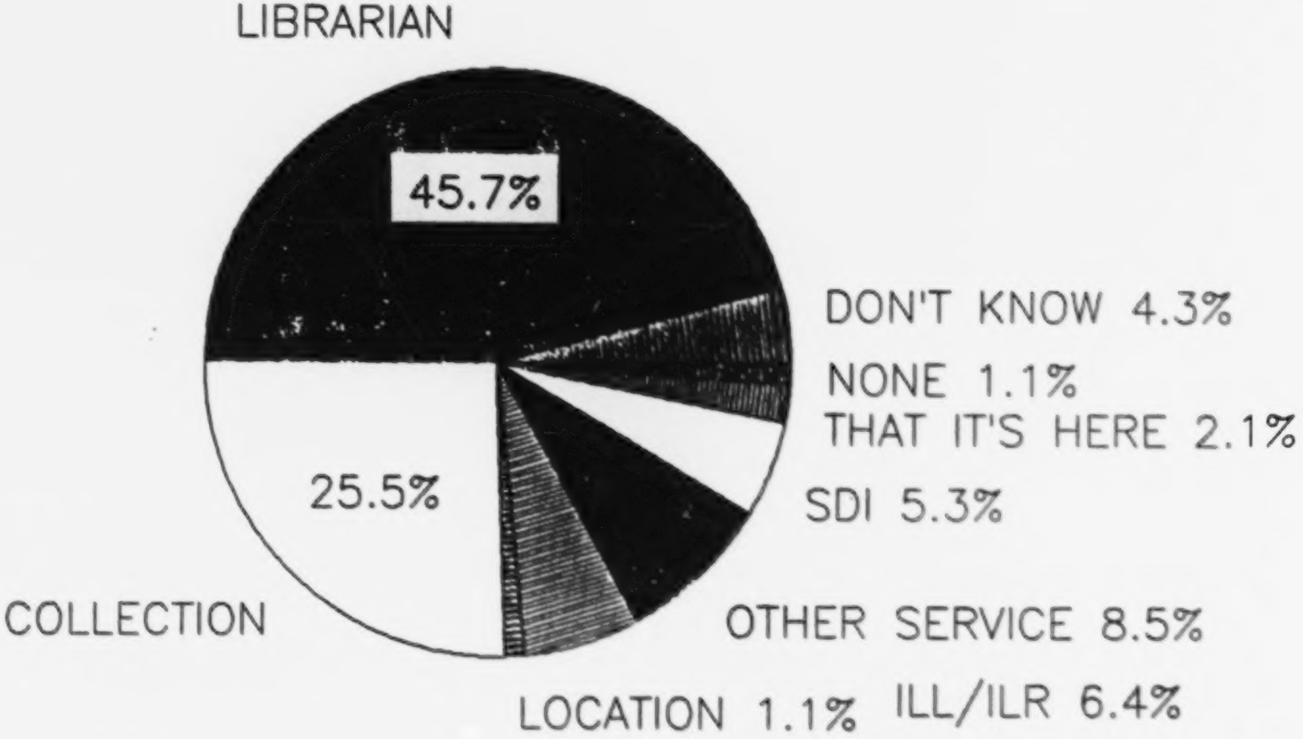
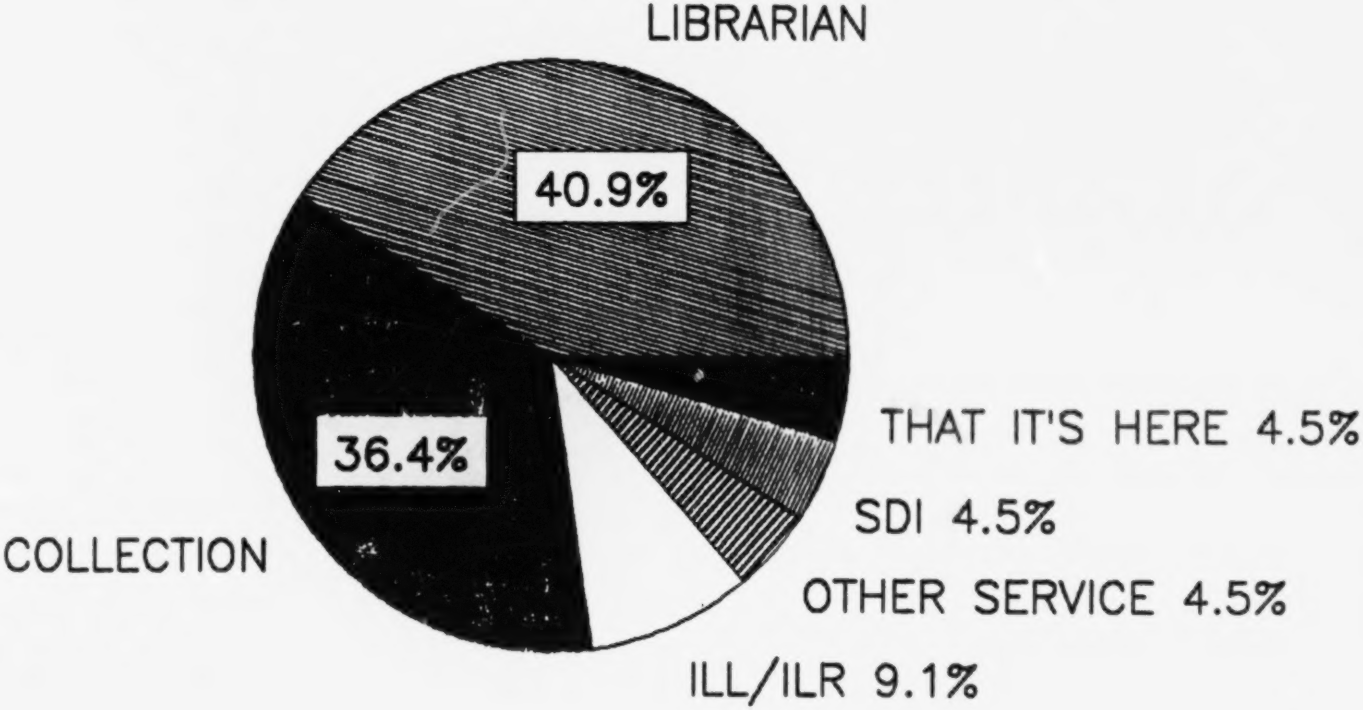


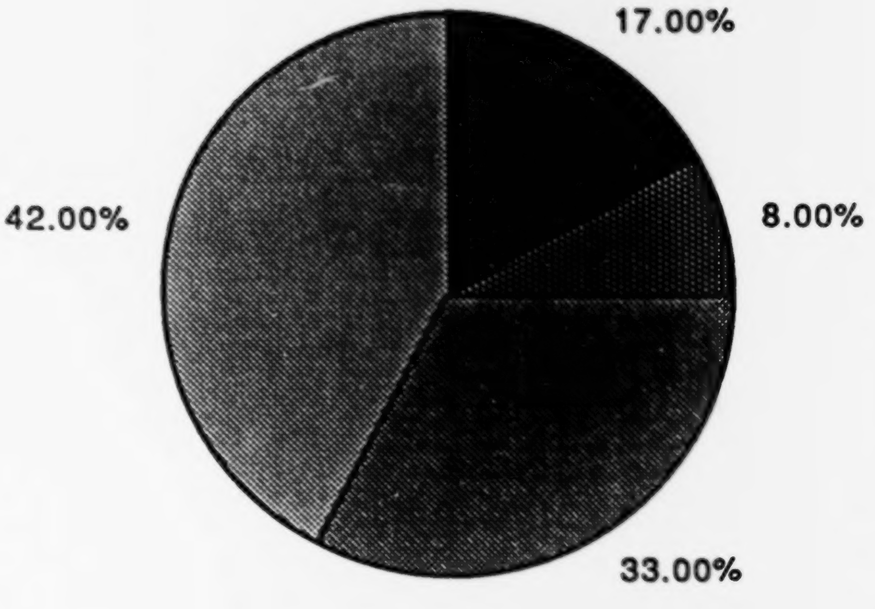
CHART #10



MAJOR STRENGTHS OF STAFF LIBRARY
MENTAL HEALTH/DD CENTERS

CHART #11

STAFF LIBRARY'S MAJOR STRENGTH: LIBRARIANS' RESPONSES



Note: Poll of 11 Staff Librarians. Some gave more than one answer.

through staff training." "The staff library prepares staff to train staff." "The quality of patient care improves as the quality of worklife for the staff improves -- and the library is one factor in quality of worklife."

G. Perceived Weaknesses of the Staff Library

When asked "What are the weaknesses of the staff library?" 30.8% mentioned either the currency, size, or variety of the collection. 27% cited access, either in terms of understaffing, inadequate hours, or poor location. 11% mentioned the insufficient funding for the library. (See Charts #12, #13, #14, #15.)

H. Priorities for Improvement: Executive Directors and Librarians

Both the librarians and the Executive Directors were asked about their priorities for improving the staff library. In order of frequency of response, the librarians said: additional permanent staff, a set budget to allow for planned acquisitions, additional funding, photocopy machine, computer for online searches and ILL, update basic medical texts, and non-print materials (especially video). (See Chart #16.)

In order of frequency of response, the EDs said: computer for online searches and ILL, more extensive and diverse collection (including administration materials), better location, and additional staff. (See Chart #16.)

The librarians were also asked "If I were to give you an additional $1,000 today, what would you spend it for?" Their answers are on Chart #17.

CHART #12

MAJOR WEAKNESSES OF STAFF LIBRARY MENTAL HEALTH HOSPITALS

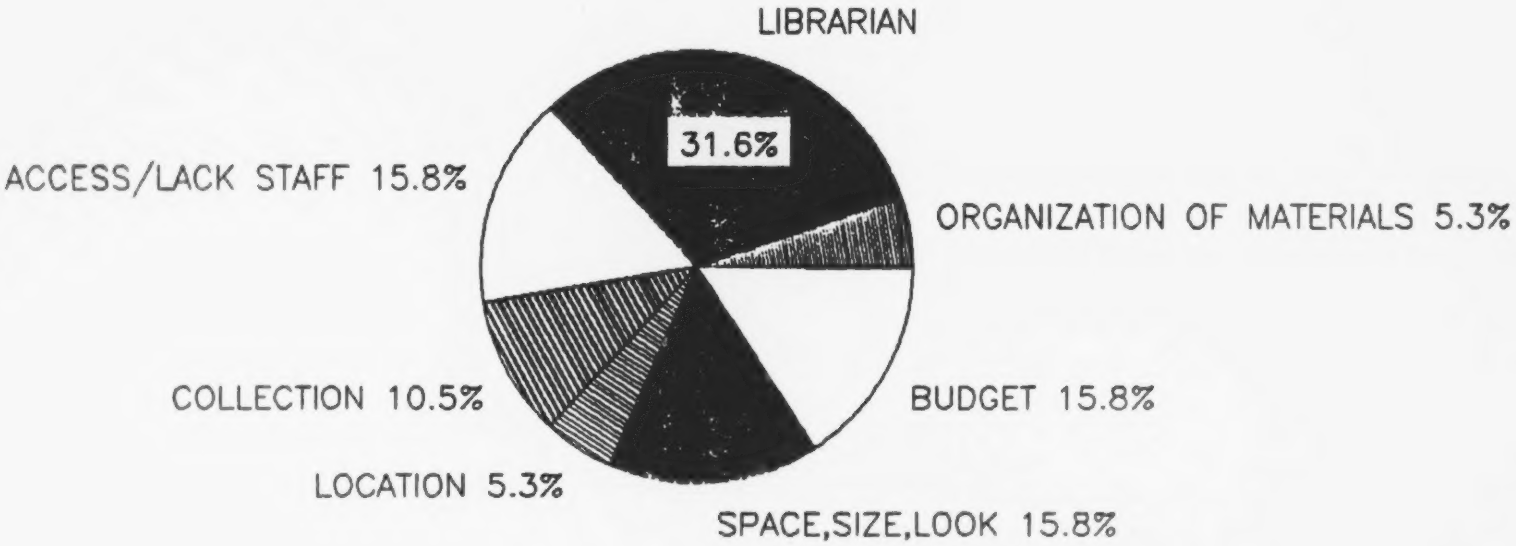


CHART #13

MAJOR WEAKNESSES OF STAFF LIBRARY FOR DD FACILITIES

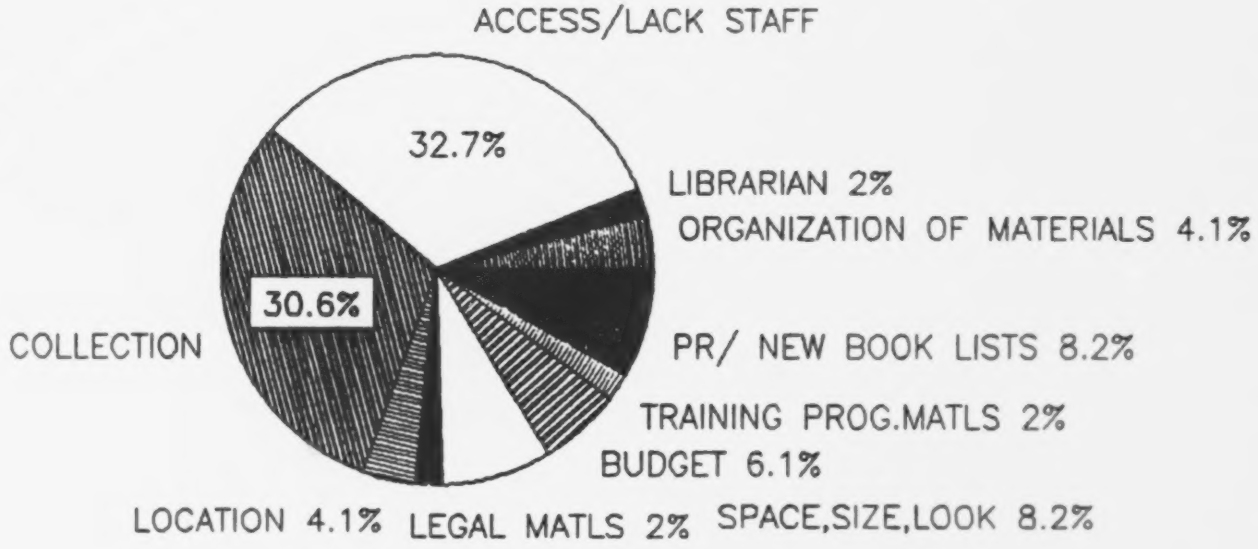


CHART #14

MAJOR WEAKNESSES OF STAFF LIBRARY FOR MH/DD FACILITIES

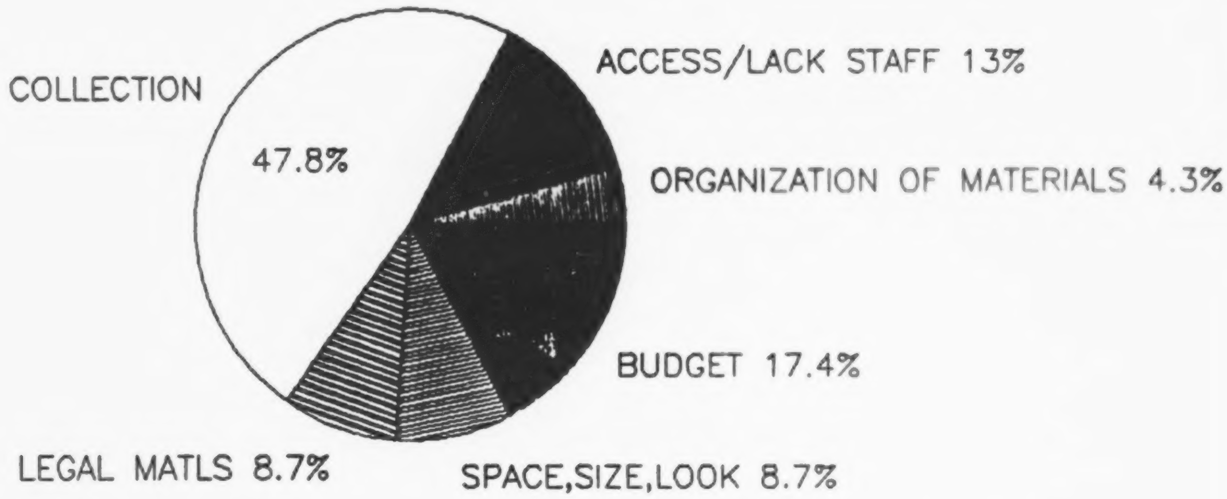
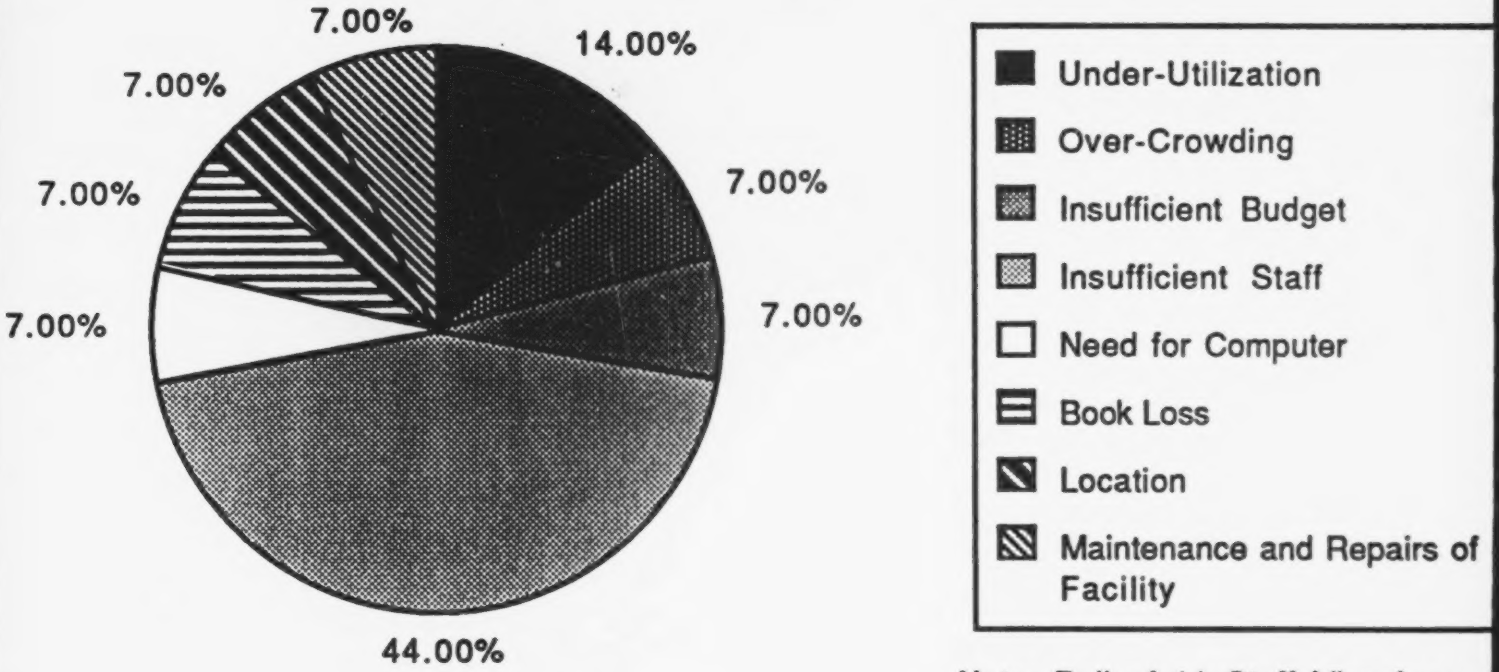


CHART #15

STAFF LIBRARY'S BIGGEST PROBLEM: LIBRARIAN RESPONSES



Note: Poll of 11 Staff Librarians.
Some gave more than one answer.

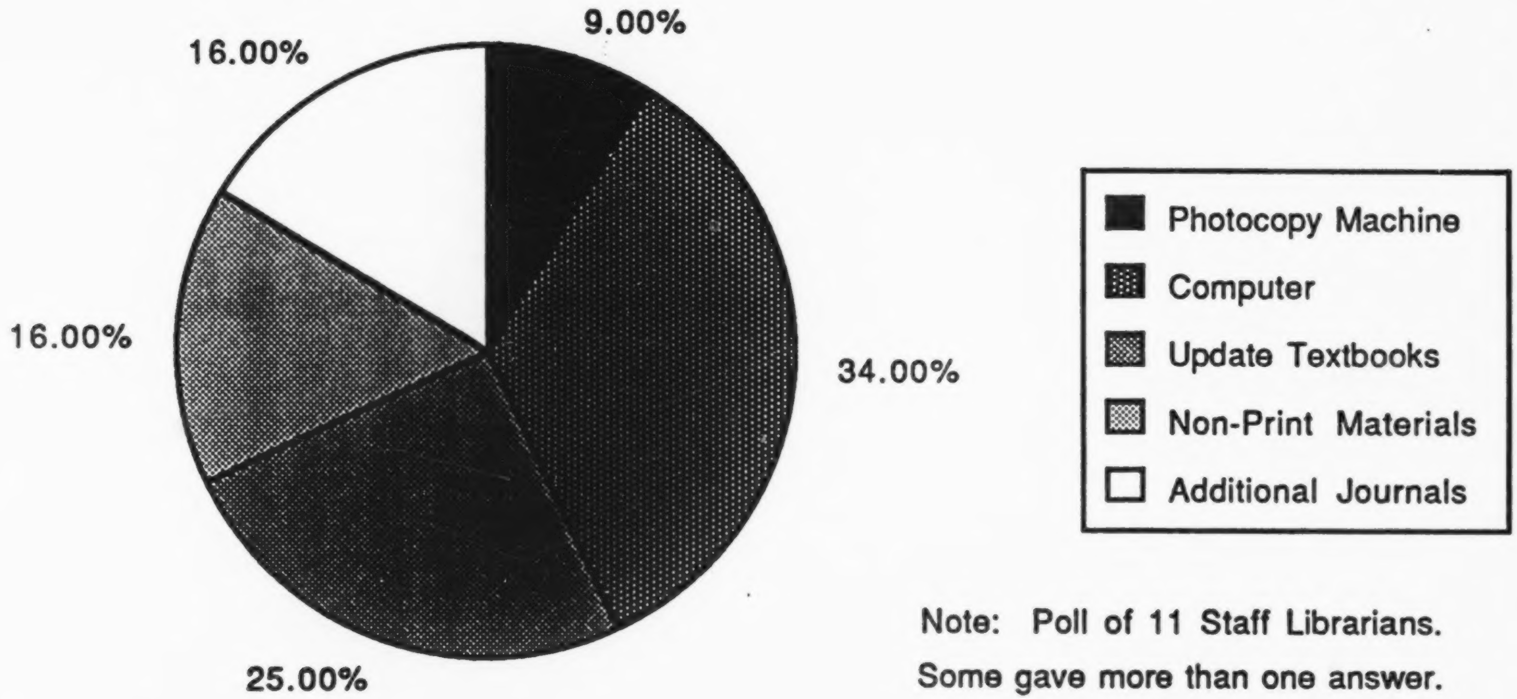
CHART #16

PRIORITIES FOR IMPROVING THE STAFF LIBRARY

LIBRARIANS' RESPONSES	EX. DIRECTORS' RESPONSES
#1 Additional Staff	Computer
#2 Budget	Broader Collections
#3 Computer	Better Location
#4 Update texts	Additional Staff
#5 Non-print materials	

CHART #17

PRIORITIES FOR SPENDING: STAFF LIBRARY



Note: Poll of 11 Staff Librarians.
Some gave more than one answer.

II. INTERVIEWS ABOUT CLIENTS' LIBRARY SERVICES

(Note: In this report, patients, residents, and clients will all be referred to as clients and the libraries for them as clients' libraries. My congratulations to Fairview, Napa and Sonoma which call them Community Libraries.)

A. Perceived Adequacy of the Clients' Library

All staff interviewees were asked "Do you consider the clients' library as a clinical resource?" 67.3% replied affirmatively; 21.2% negatively. A positive response indicated either that they took clients to the library, used library materials with clients on the unit, or advocated library use for clients.

The follow-up question was "In your opinion, is the clients' library adequate for the population here?" The responses were interestingly divided: 29.9% said yes, 22.7% said no, and 29.9% responded "I don't know." (See Charts #18 and #19.)

When Client Advocates were asked about the adequacy of the clients' library, 80% stated that it was inadequate, with access and collections most often mentioned as problematic. The librarians cited insufficient staff as the major problem in the library. (See Chart #20.)

Librarians were asked their opinions on the strengths of the library; they most often mentioned the service orientation and the physical atmosphere of the library. (See Chart #21.)

Executive Directors were asked for instances in which the library concretely contributed to the facility's goals. About the clients' libraries they said "The residents' library teaches responsibility and normalization." "The patients' library provides recreational and leisure skills training." "The best thing about the library is the way patients are treated there --like people using a library."

B. Areas for Improvement: According to Clients and Advocates

Because physical access to the libraries is a major and growing problem (see more on this under "Issues"), the need for outreach services to the living units was very frequently mentioned. Clients and their advocates made many specific collection development requests.

In the MH facilities, the need for law materials was mentioned most often; second was requests for Spanish-language and Hispanic-interest magazines and newspapers. In the DD institutions, the need for more popular adult-level magazines, including news and fashion magazines, was often mentioned as was the need for more critical life skills training-related materials. At both types of facilities, many requests were made for video materials,

CHART #18

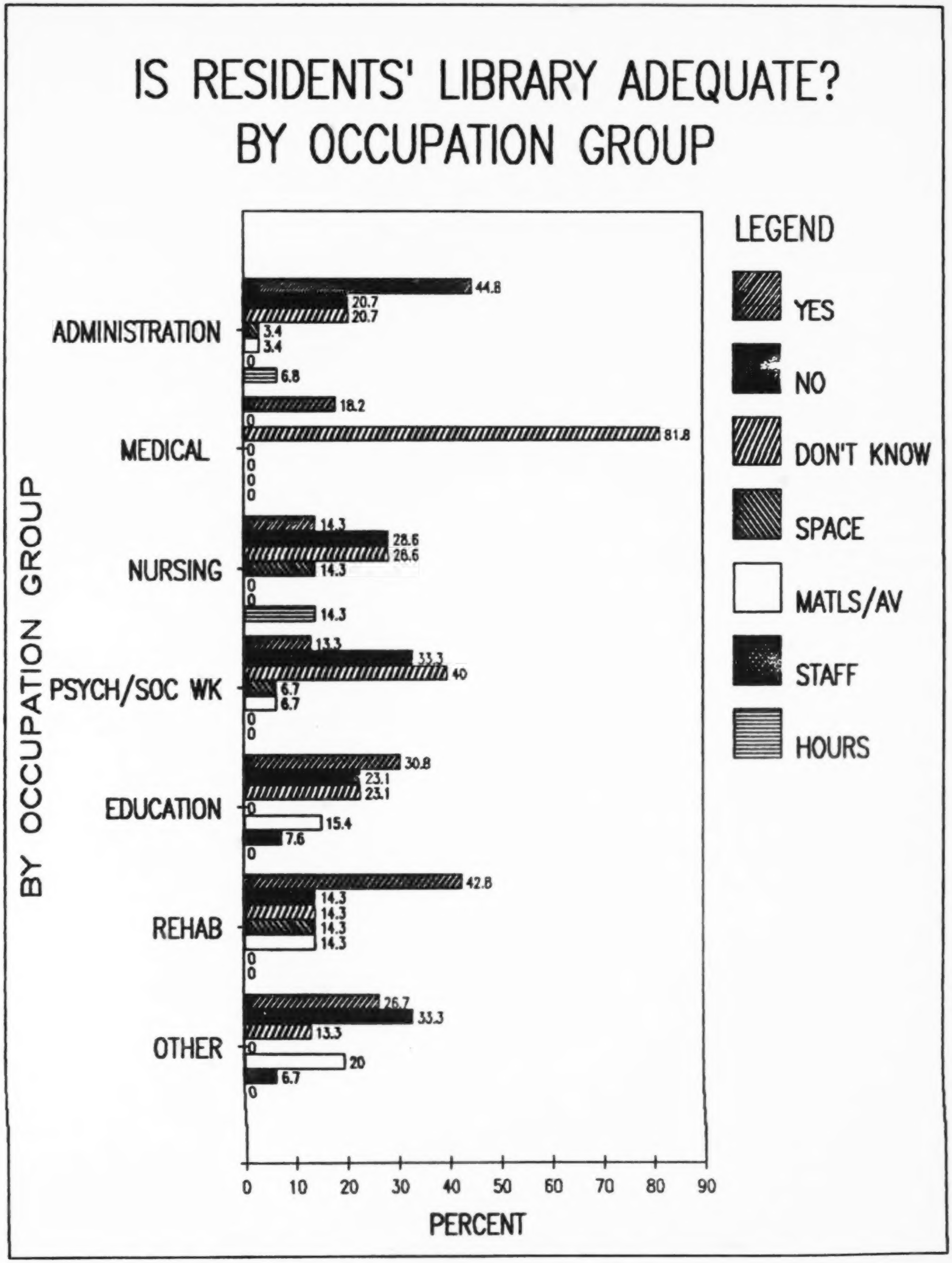

IS RESIDENTS' LIBRARY ADEQUATE?
BY OCCUPATION GROUP
LEGEND
YES
NO
DON'T KNOW
SPACE
MATLS/AV
STAFF
HOURS
BY OCCUPATION GROUP
ADMINISTRATION
44.8
20.7
20.7
3.4
3.4
0
6.8
MEDICAL
18.2
0
81.8
0
0
0
0
NURSING
14.3
28.6
28.6
14.3
0
0
14.3
PSYCH/SOC WK
13.3
33.3
40
6.7
6.7
0
0
EDUCATION
30.8
23.1
23.1
0
15.4
7.6
0
REHAB
42.8
14.3
14.3
14.3
14.3
0
0
OTHER
26.7
33.3
13.3
0
20
6.7
0
0
10
20
30
40
50
60
70
80
90
PERCENT

CHART #19

IS RESIDENTS' LIBRARY ADEQUATE? BY INSTITUTION

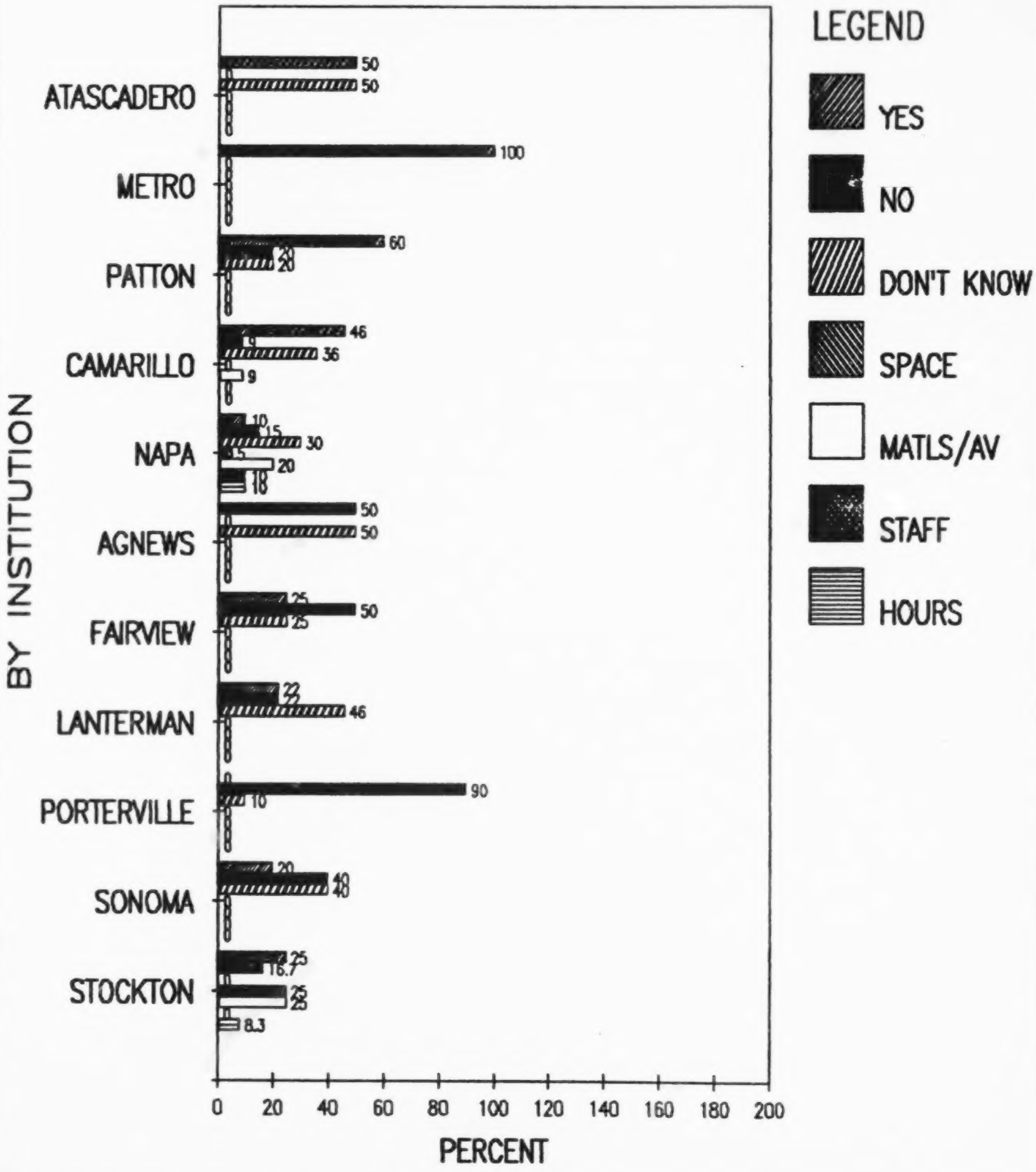
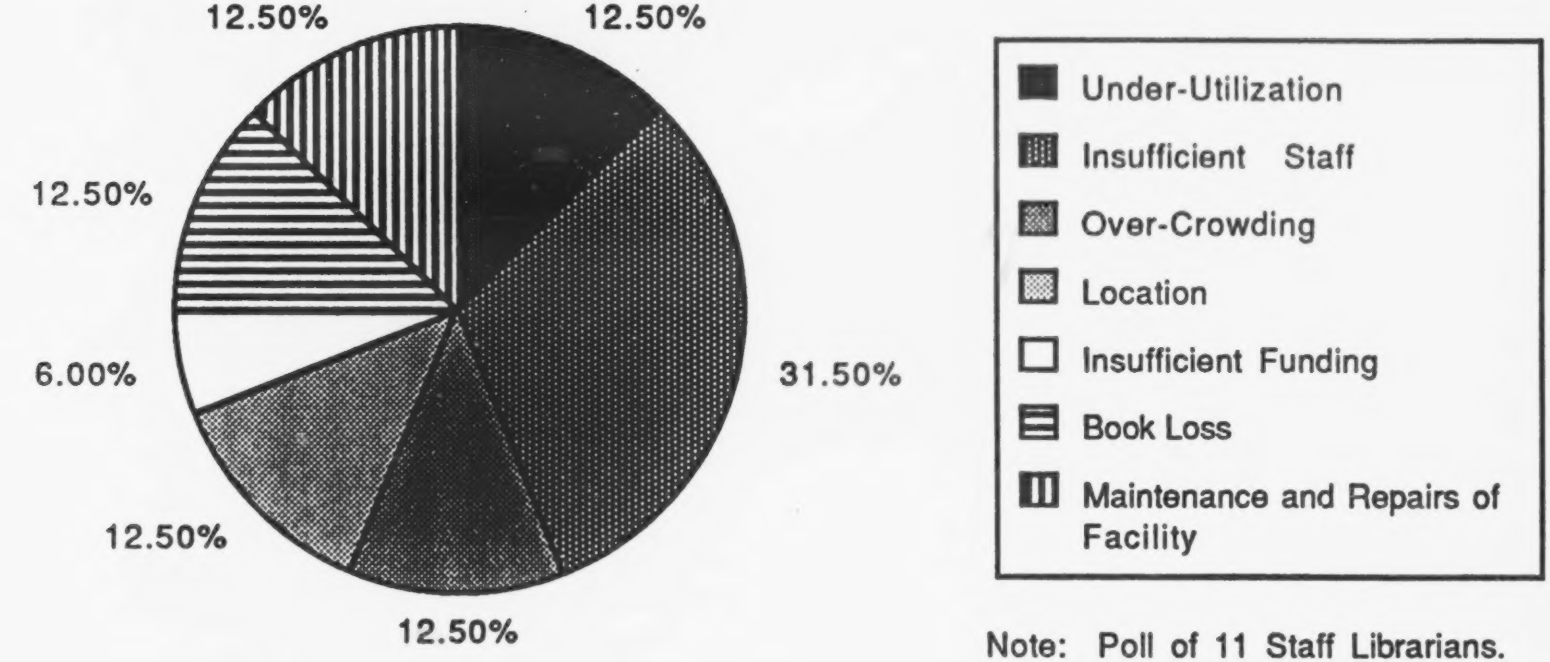


CHART #20

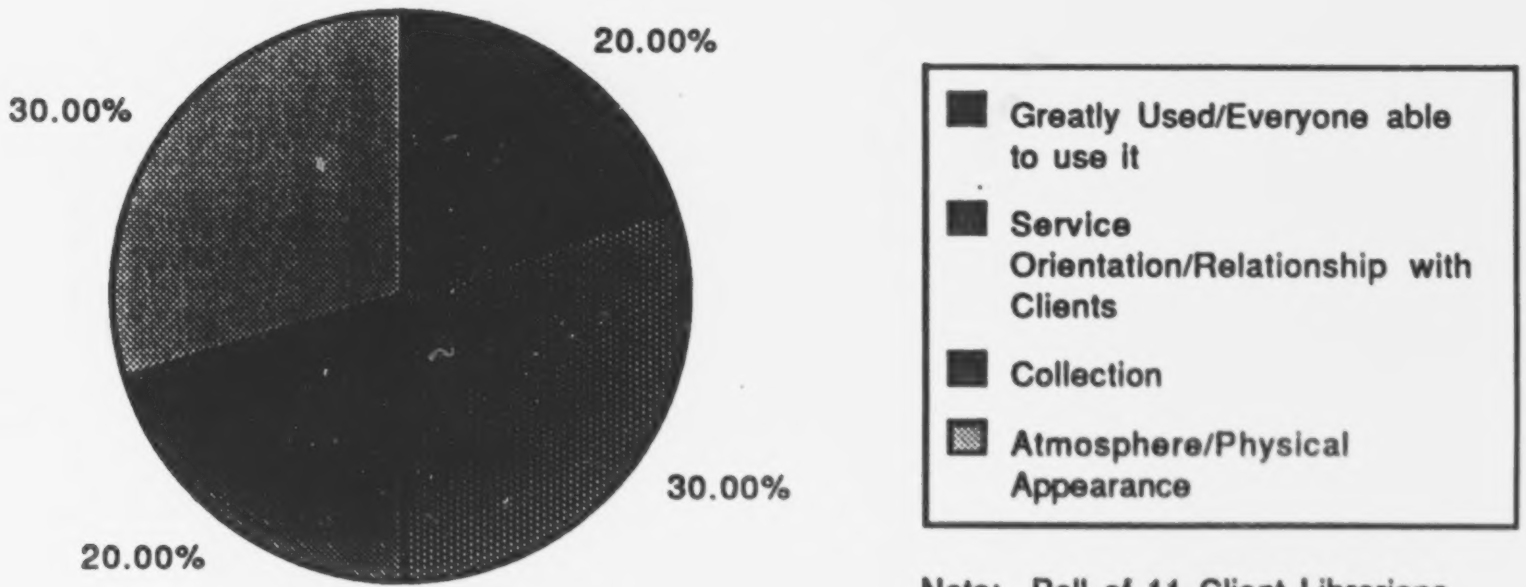
CLIENT LIBRARY'S BIGGEST PROBLEM: LIBRARIAN RESPONSES



Note: Poll of 11 Staff Librarians. Some gave more than one answer.

CHART #21

CLIENT LIBRARY'S MAJOR STRENGTH: LIBRARIANS' RESPONSES



Note: Poll of 11 Client Librarians. Some gave more than one answer.

computers for client use in the library, high interest-low reading level materials for new readers, and large type books and magazines.

C. Priorities for Improvement: Executive Directors and Librarians

The librarians were asked about their priorities for improving their services. In order of frequency, the responses were additional permanent staff; a definite, assigned budget to allow planned acquisition; additional funding; computer; cassettes or other non-print material; hi-lo books; other books and games. (See Chart #22.)

"What is your priority for improving the clients' library if that were fiscally possible?" I asked the Executive Directors. In order of frequency, their responses were additional staff, better location or more space, additional materials, and library programs or classes. (See Chart #22.)

I also asked the librarians "If I were to give you an additional $1,000 for the library today, what would you buy?" Their answers are in Chart #23.

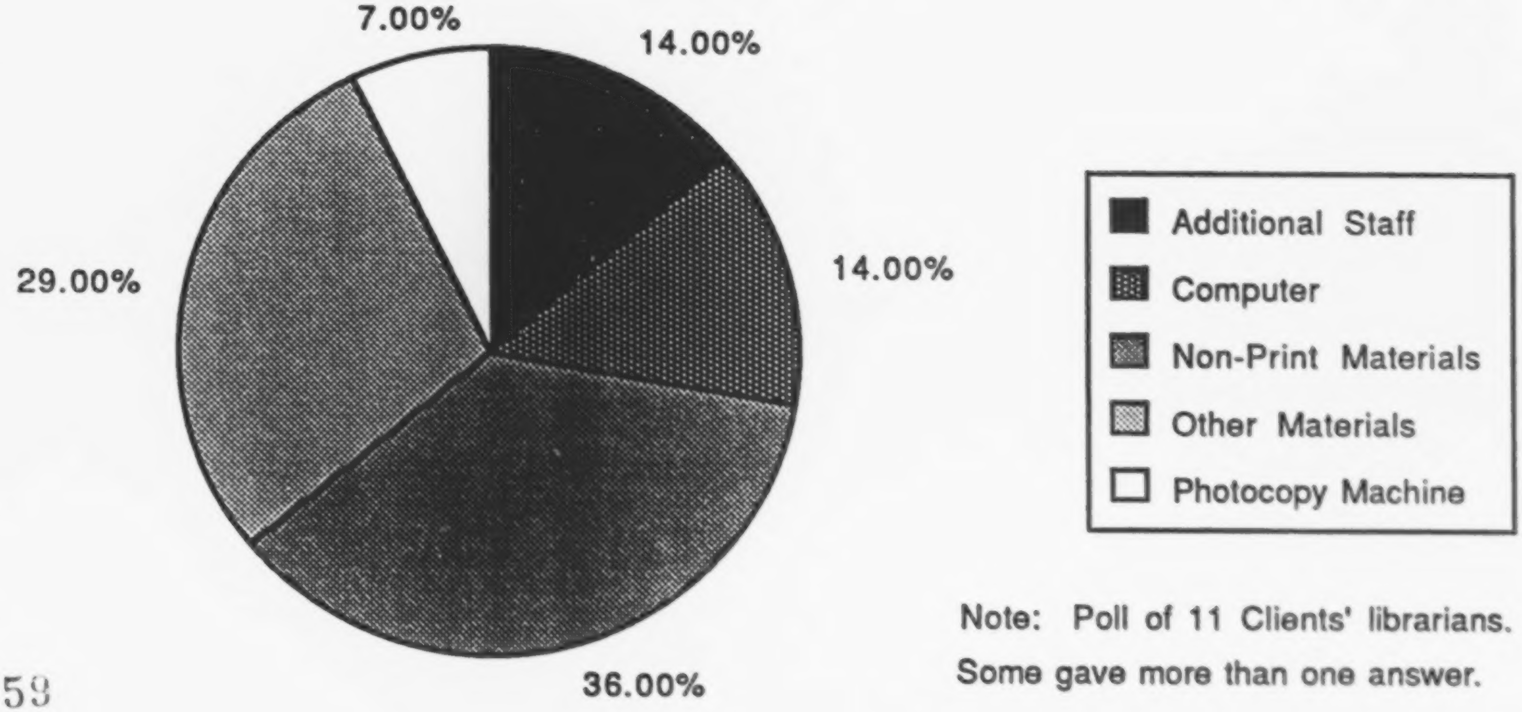
CHART #22

PRIORITIES FOR IMPROVING THE CLIENTS' LIBRARY

LIBRARIANS' RESPONSES	EX. DIRECTORS' RESPONSES
#1 Additional Staff	Additional Staff
#2 Budget	Better Location
#3 Non-print Materials	Additional Materials
#4 Other Materials	Programs of Classes
#5 Computer	

CHART #23

PRIORITIES FOR SPENDING: CLIENTS' LIBRARY



Note: Poll of 11 Clients' librarians.
Some gave more than one answer.

III. MY OBSERVATIONS

1. The staff libraries are predominantly medical. In some cases, the name "Staff Library" is a misnomer and in some the library is actually called the "Medical Library." This is despite the fact that at Camarillo, for example, 50% of the staff are psychiatric technicians and another 20% are non-professionals. The non-medical staff at many of the facilities use the public library or an academic library rather than the staff library. Or the clients' library provides professional materials in this area. At Stockton and Agnews the librarians keep some materials for rehabilitation staff in the clients' library. At Porterville and at Lanterman the new clients' libraries currently being planned include resource centers for direct service providers. Of course, there are materials which can be used both by clients themselves and by staff as a treatment modality; those materials may appear in either or both libraries. However, the staff library seems to be the appropriate location for materials that are primarily for the staff to use either for their own professional growth or for use with patients in treatment.

2. The client libraries are stepchildren to the staff libraries. Often they are funded exclusively by the Patient Benefit Fund rather than the facility budget; often they are composed primarily of discarded books from other libraries and donations. The only client libraries with reasonable materials budgets are Metropolitan with $12,470 last year and Atascadero with $11,069. Patton has the next largest materials budget at $5,000. Porterville had only $878 and Lanterman only $416, some of which was from the Patient Benefit Fund.

3. Both staff and clients' libraries are appallingly understaffed. At Lanterman, one librarian has run two libraries and the audiovisual center -- without support staff; fortuntately that will change in October 1986. According to her duty statement 25% of her time is scheduled for the clients' library and 13% for the AV department. At Metropolitan and Porterville the situation is similar, with one professional librarian serving as librarian and clerk for two or more libraries.

This lack of staff causes a downward spiral in use and expectation; as the library is open fewer hours it is less accessible and therefore used less. This, in turn, leads to the impression that the library is expendable. Another problem is that even staff who use the library are wary of demanding basic services. As one staff person at Metropolitan told me "I don't want to ask for interlibrary loan because I know that if the librarian does that he won't have time to process the new books which are waiting to be shelved for circulation." As someone at Lanterman said "The library needs enough staff so that the librarian can take a leadership role in bringing us information in a systematic fashion." Instead, when librarians were asked how they would use a hypothetical $1,000, some responded "I don't have enough time to spend the money."

4. Both staff and client libraries in MH, and staff libraries, especially, in DD are highly valued. As a psychologist told me "Without the staff library we'd become isolated and illiterate." And a physician told me that 10% of medical information is outdated each year, "so in 10 years you're ignorant again without a library." The client libraries are valued primarily for their accepting atmosphere; "The library is the healthiest place in the facility because patients are treated well there." (See more on attitudes toward the libraries in the interview summaries.)

5. The librarian is perceived as key to the quality of library service. As one perceptive clinical director told me "A good librarian is essential because he/she can be a bottleneck. There is only one librarian in the facility and if he/she is bad, there's little or no way for us to get information." (See more on the perception of librarians in the interview summaries).

6. Both staff and client libraries serve only certain patrons; there is unequal access in each library. In the staff library, access is a major problem for unit staff who usually cannot leave the unit during daytime working hours (which are also the library's open hours). Access is limited for some staff in that the collection does not reflect their needs. In the clients' library, few clients qualify for unescorted access because a grounds pass or P Card is necessary to move about the facility freely and must be earned as a "privilege not a right." And at all of the facilities except for Atascadero, it is a minority of clients who are physically able to go to the library unescorted; the DD clients are increasingly handicapped and the MH clients are increasingly penal code (and therefore restricted for security reasons). In addition, Agnews is spread onto two campuses; Patton is building a new compound and was recently divided into inaccessible sections by new security fencing; and at Camarillo the children reside and attend school 3/4 mile away from the library area.

7. Lack of budgeting results in a lack of planning or development policy and poor morale for the librarians. At some facilities, e.g. Stockton, the librarian is given no budget but just orders materials until told there is no more money. At others, the librarian is given a budget on paper which is clearly fictitious as she/he can order materials beyond that amount. As one library supervisor told me "The library budget is one nostril above water."

Yet the Executive Directors told me (in eerie repetition) "I haven't received any complaints about the library budget, so I asssume it's well enough funded." One told me that he determines what departments have been underfunded by whether or not they overspend "and the library has never overspent."

8. The libraries exemplify low tech -- Sonoma and Stockton's staff libraries, and most of the clients' libraries do not have any photocopy machines; Atascadero and Patton have photocopy machines for which staff and clients must pay individually.

None of the libraries have access to external E-mail, only Atascadero and Lanterman have computers, Fairview and Sonoma have dumb terminals. At most of the facilities, audiovisual materials are primarily records (rather than cassettes) and filmstrips and films (rather than videos).

9. The clients' libraries offer very little programming. Only Napa, Agnews, and Fairview offer programming regularly. At Napa, the librarian offers a music program monthly "to entice the therapists to come and bring patients." At Agnews the librarian works with the rehabilitation staff to plan programs which the therapists then do on the units. And at Fairview the librarian offers numerous programs (sing alongs, films, crafts, library skills classes) weekly, as well as special program events.

10. In the professional libraries, the journal subscriptions absorb the majority of the budget. At Metropolitan 80% of the budget is spent on journals; at Porterville, 70%; at Napa 50%. This is not surprising since the average professional journal subscription is now nearly $150. But it means that few books or non-print materials are purchased. At Patton, for example, only 210 books were added in the past two years. The need for a large journal collection is clear, however books and audio-visual materials -- especially in non-medical fields -- are needed also. The problem is lack of sufficient funding.

11. Both staff and clients' libraries have extremely poor reference collections.

12. The clients' libraries, for the most part, do not reflect the current population -- very few Spanish-language or Hispanic interest magazines and newspapers, hi-lo books, or re-entry materials. These are urgently needed in the MH facilities.

IV. ISSUES AND TRENDS AFFECTING PLANS FOR LIBRARY AND INFORMATION SERVICES

A. Mentally Disordered Offender (MDO) Program

Senate Bill 1296, revising Chapter 419 of the California Statutes 1985, was effective July 1, 1986. In part it states that "mentally ill inmates who have exhibited certain patterns of behavior will be involuntarily detained for further treatment upon parole." That is, prisoners who were convicted of a crime of force or violence (or who exhibited violent or deviant behavior while imprisoned) -- and are a continued danger to the public because of a severe mental disorder -- will be kept in custody under the Department of Mental Health.

In other words, DMH will be receving a new group of mentally ill prisoners for treatment. DMH will contract with county mental health agencies to treat these MDOs but, where the county won't contract or the MDO requires detention in a secure facility, the MDOs will be admitted into the state's mental hospitals.

During phase one, 1986-88, an estimated 669 MDOs will be transferred to Atascadero. In order to make room for them, other penal code commitments (PC 1026 not guilty by reason of insanity, PC 1370 incompetent to stand trial, and W&IC 6316 mentally disordered sex offender) at Atascadero will be transferred to Patton. LPS (civilly committed) patients now housed and treated at Patton will then have to be transferred to Metropolitan and/or Camarillo.

Camarillo will decrease its DD population (to zero by 7/1/90) to allow for LPS transfers. Also during phase two, 1988-92, Metropolitan and Napa will increase their LPS populations.

During phase three, 1992-1996, either the west campus of Agnews will be converted to a maximum security MH facility, a new hospital will be constructed in concert with the Department of Corrections (CDC), or Atascadero will be expanded. No decision has yet been made among these alternatives.

The new MDO program will have an effect on the information needs, reading habits, and library use of clients. As the DMH's MDO plan states "Treatment programming for MDOs will emphasize correcting vocational and educational deficits." At Atascadero, Competency Based Adult Education will be the mechanism used. Studies of mentally ill inmates transferred from CDC (PC 2684 patients) found that these patients demonstrate a higher level of functioning than the LPS patients and more potential for rehabilitation. "A prime component of a system for treatment for this population is the educational-vocational module." MDOs will require law materials and services, more sophisticated reading matter, prerelease information, and special educational and vocational support materials.

Staff information needs and library demands also will be affected. "An MDO program will require staff not only skilled in dangerousness prediction but who will be provided the opportunity to keep abreast of developments in this area..." This, and other relevant areas, have not been the focus of staff collections until now.

B. Client Training Activity System (CTAS) or Day Training Activity Center (DTAC)

The idea behind CTAS/DTAC is to remove clients from their living unit and take them elsewhere during the day for specific training activities. As it was explained to me "It apes the normal rhythm of life -- get up, dress, eat, go somewhere for most of the day, return home, recreate."

CTAS/DTAC is being used as a vehicle for critical skills training, which is in itself an important trend. DDS is moving away from the developmental theory of treatment to a critical skills approach which concentrates on enhancing the ability of the client to live independently in the community. The DDS Chief, Education Services is currently in the process of developing a new curriculum and a collection of support materials which will be headquartered at Camarillo and have many implications for the DDS library collections.

In some instances, CTAS/DTAC has greatly improved the accessibility of the library as the clients are off the units. At other facilities, CTAS/DTAC brings with it such a tight schedule for each client that there is little discretionary time for the client to visit the library. The trick is for the library to be designated as a CTAS/DTAC basic activity and site.

C. Multi-type Library Networking Proposal

A statewide task force formed by the California State Library has recently proposed an amendment to the California Library Services Act to encourage multi-type library networks to replace public library-only networks. Such legislation would allow the institutional libraries to partake in super reference services, reimbursable interlibrary loans, delivery systems, and better access to collections. However, the networks may charge membership fees and may impose standards for participation (e.g. level of staffing and ongoing acquisition). Thus the facility libraries may need to be upgraded to qualify for membership in networks.

D. Training Goals of DDS

The DDS Long Range Plan 1985-90 specifies two training goals which will require library support. "Establish and implement specific training programs for the staffs of facilities serving clients with particular and complex needs" and "Establish and implement mandatory training of all residential care providers and their staffs by 7/1/90."

E. Research Goals of DDS and DMH

The DDS Long Range Plan for 1985-90 and the DMH Long Range Plan for 1985-88 both include research goals. DDS: "Devise and implement a plan to unify and direct efforts of state and university researchers towards projects having relevance to service system policy direction." DMH: "DMH will assume a major role in prioritizing research to improve the effectiveness of mental health treatment."

Each department now has research staff in the facilities, and DMH also has research staff at headquarters. DMH has a Research Advisory Group in its Planning Division, as well as a new research program in its Administration Division. This program, begun one year ago, has a $1,000,000 budget to contract with universities for research in the community mental health facilities. There are currently nine such research projects around the state, and the Research Director anticipates that the program and its budget will double next year. The Research Advisory Group (10 full-time staff in Sacramento) oversees research in the state hospitals (eighteen projects currently) and one research project based in Sacramento.

DDS has a new Developmental Research Institute established in 1985 and located at Fairview Developmental Center. The Institute has a $650,000 budget which appears as a line item in the Hospital Operations Budget. The Fairview Institute has approximately 14 FTEs, the majority of whom are DDS employees; some "affiliates" are paid as staff of a university or private hospital. The Research Director anticipates opening four more Research Institutes of approximately the same size, each with a budget of $1,000,000, by 1989. The DDS Research Institute is the only research wing with its own library materials budget; $1,000 per year is transferred from the Institute's "cost center" to the Fairview Staff Library's budget for the purchase of materials.

In addition to these researchers, four of the developmental centers house research groups which are totally independent of DDS. At Sonoma and Agnews there are UCSF researchers (who report to and are paid by UCSF), and at Lanterman and Camarillo there are UCLA researchers (staff of UCLA).

F. Academic Linkages Program

The DMH Long Range Plan 1985-88 states that "DMH will increase collaboration between the universities and the mental health system including the Academic linkages project at the University of California-Irvine and Metropolitan State Hospital and one other such project still to be determined." Napa has been designated as the next Academic Linkages location; other sites are yet to be determined.

G. General Federal Tax Reform Bill

HR 3838, the federal tax reform bill, eliminates tax deductions for subscriptions to professional journals. If the bill passes, there will be two immediate and significant impacts on the staff libraries as staff discontinue personal subscriptions: the staff will rely more heavily on the library for current journals and staff will no longer donate new journals. Now many libraries count on journal donations to save money. For example, at Lanterman a researcher donates Psychological Abstracts, an expensive and essential index. At Porterville the Medical Director donates five journal subscriptions annually and at Stockton the Hospital Administrator donates two.

H. Accreditation

The Department of Mental Health has set 1987 as a deadline for full accreditation for all state hospitals. Because JCAH emphasizes quality asssurance, the facilities are now implementing new quality assurance procedures. At Atascadero and Fairview all departments -- including the library -- submit monthly quality assurance reports. For example, JCAH requires that all materials in the facility be centrally coordinated. The library is serving that function at Atascadero, Lanterman and Fairview by doing the book orders for all the facilities' departments and keeping a record of where all materials are located in the facility; at Metropolitan, the library does not do the ordering, but keeps a file of photocopies of all orders.

I. Hospital Automation Projects

Both DMH and DDS are automating their facilities. During the next few months, each DMH hospital is receiving $49,000 to automate their Planned Scheduled Treatments (PSTs). Each facility will be able to decide what hardware and software to order and how to use the computers in the facility.

At some facilities, automation is already underway. For example, at Atascadero the patients' PST records are being automated and at Napa the medical and pharmacy records were automated during the past year.

J. Training by Video

A number of facilities are stressing training by video rather than in person so that unit staff can receive training without leaving their posts. Camarillo has a hospital-wide closed circuit TV system, its own TV studio, and VCRs on every unit. Atascadero is developing a closed circuit TV system and Porterville is considering one. One training officer envisions a day in the near future when no training will be provided off-unit except for mandated courses (e.g. CPR, first aid).

K. Changes in Administrative Structure for MH Hospitals

DMH is changing the organizational structure for its hospitals to a more medical model. This means that the Clinical director (usually the second or third level supervisor of the libraries) will report to the Medical Director rather than directly to the Executive Director. For the libraries, this change will result in the librarian being one more level removed from the ED.

CONCLUSIONS AND RECOMMENDATIONS

I. STAFF LIBRARY SERVICES AT THE STATE HOSPITALS AND DEVELOPMENTAL CENTERS

A. Staffing and Administration

Staffing Levels Problem Statement:
According to the needs assessment study findings, the library services provided to staff are highly valued. Yet the current staff libraries are unable to carry out an adequate level of service to all of the facility's employees because of a critical lack of permanent staff, both professional and clerical.

The current non level-of-care Staffing Standard is a cooperative DMH/DDS document which specifies levels of staffing allowed at the facilities. At the moment, this document is an obstacle to obtaining more library staff, and it must be changed.

Recommendation #1: The DMH/DDS Staffing Standard must be changed to reflect the real needs of the staff libraries. Each library should have one permanent full-time librarian, with a minimum of one permanent part-time clerical assistant. [Short-range goal.]

Discussion:
The essential element in good information services is the professional librarian. Collections, location, and equipment are less important than an enthusiastic, knowlegeable, professional librarian. Staff echoed this fact with their comments about the librarian him/herself as the perceived strength or weakness in the library. (See the findings chapter.) The DMH and DDS staff libraries, however, are so understaffed that the librarian is misused and spends a great deal of time on clerical tasks.

At Metropolitan and Porterville, one librarian runs both the staff and clients' libraries unassisted. Each of these librarians, with the assistance of the Advisory Committee and the approval of the supervisor, decides how to divide time between the libraries. At Metropolitan it is open only two days per week, at Porterville it is open full-time (but the clients' library is rarely open). And at Agnews, there is no staff librarian at all.

Only the Napa and the Atascadero staff libraries have permanent clerical assistants. Sonoma has a T & D worker being retrained as an LTA assigned to the staff library for 2 years. Lanterman has a student assistant assigned to the audio-visual department (which is under the library); a full-time technician is currently being hired for that slot. Atascadero and Napa have resident assistants, an impossibility in all the other facilities where the clients are not capable of library work. Lanterman has a regular community volunteer who has been helping one afternoon per week for four years.

The findings section of this report lists some of the problems encountered by lack of sufficient staff -- libraries open only part-time, new books unprocessed and therefore unread, valuable personalized services not provided, outreach services lapsed. Furthermore, the staffing situation at the DMH and DDS libraries do not meet any of the profession's standards.

According to the American Library Association Standards for Libraries at the Institutions for the Mentally Retarded (1981), Stockton (the smallest DDS facility, with a population of 523) should have 5 full-time staff for the 2 libraries (it now has 2). Fairview (986 population) should have 7 staff members (it now has 2). The other developmental centers have populations over 1,000 and should have 9-11 staff members.

Using the Medical Library Association Minimum Standards for Health Science Libraries in Hospitals (1984) to gauge the mental hospital staff libraries, again the staff libraries are appallingly understaffed. According to these Standards, each mental hospital staff library should have at least 2 professional librarians and 3 full-time support staff. Even the Pacific Southwest Regional Medical Library Service's (PSRMLS) modest "Suggested Minimum Guidelines for Hospital Libraries" calls for one librarian and one full-time clerk for every 500-600 patients.

Although some Executive Directors (EDs) and Hospital Administrators (HAs) stated that they would be willing to place more staff in the libraries, they are unable to do so because of the current departmental Staffing Standards. The non level-of-care Staffing Standards (created as a result of ACR 103) were adopted jointly by the two departments. The standard for librarian, which calls for one librarian per facility of up to 1,000 residents, was taken from the JCAH Accreditation Manual for Hospitals/86, but misrepresents the standard 16.1.3. which calls for "at least one qualified medical librarian on a full-time basis, as well as adequate support staff."

Recommendation #2: Any justification or documentation needed beyond this report should be submitted by the LSCA Project Director to the Deputy Directors' offices with a request for a Staffing Standard change. [Immediate objective.]

Discussion:
One approach is to do a standard-by-standard analysis of the JCAH accreditation standards, analyzing the library's contribution to each. DMH, especially, is concerned with JCAH as it has 1987 as a deadline for full accreditation for all hospitals.

The Staffing Standard can be changed by administrative directive from the DDS Deputy Director/Developmental Centers Division and the DMH Deputy Director/Division of State Hospitals.

Staffing Hierarchy Problem Statement:
All in all, DMH and DDS have 21,049 staff members in their residential facilities. The majority of staff are "level of care" positions, most of whom are psychiatric technicians. The next largest staff grouping is non-medical clinical: treatment, rehabilitation, education, and program personnel. The third largest occupational grouping is operations staff (e.g. janitorial, laundry). Administrative, medical, and ancillary medical staff (e.g. pharmacy, X-ray) comprise the smallest, but most powerful employee group.

A staff library in each of the 11 facilities serves as the primary information resource for the staff. Yet, according to both the interview findings and a survey of the collections and journal subscriptions, the library collections and services are disproportionately medical. Indeed, some of the staff libraries are even called "medical libraries."

One of the reasons for the overwhelmingly medical nature of the staff libraries is that often both the chair of the Library Committee and the librarian's supervisor are physicians, in positions responsible for medical care or medical education (i.e. Medical Director or Chief of Professional Education).

Recommendation #3: The staff librarian in each facility should report to the Clinical Director or the Hospital Administrator. [Short-range goal.]

Discussion:
This recommendation is made for three reasons. First, it is important that the librarian report to a powerful administrator; the librarian needs access to information at the administrative level to be able to plan adequately so that services will reflect the needs and goals of the administration. Second, it is important that the librarian report to a non-medical person whenever possible. Third, consistency in reporting hierarchies would simplify coordination of the eleven staff libraries.

If it is not possible for the staff librarian to report to the Clinical Director or Hospital Administrator, a less attractive alternative is for the staff librarian to report to the Training Office which, in most cases, is a hospital-wide unit responsible for training in all occupations.

Currently, many of the staff libraries report to the Chief of Professional Education or to the Medical Director, both medical positions. At some, the staff library reports to the clinical director who then reports to the medical director (or will, as the organizational models are becoming more medically-oriented). The chairperson of the Staff Library Advisory Committee is often a physician as well. It is difficult to open up the library to the needs of the non-medical staff -- the great majority of the facilities' staff -- when it reports to and is advised by physicians.

At Atascadero the library reports to the Chief, Central Program Services who reports to the Clinical Administrator. Although this avoids the medical usurpation of the library, it does not solve the problem of distance from administrative authority. At Patton the library has reported to the Hospital Administrator until recently when it was decided that he had too large a scope of responsibility. Under the Hospital Administrator, the librarian was considered a department head; now, under the Chief of Central Program Services, she is one of many program heads who report to CPS which then has two additional reporting levels before the Executive Director.

In some facilities, the library may become part of a cluster of departments. For example, at Metropolitan, the "learning community," composed of professional education, training office, and nursing education report jointly to the Chief of Professional Education; some feel that the library should be part of that group. At Lanterman, a new professional education section will go into effect 11/1/86. It will include the continuing medical education unit, training department, quality assurance office, and both libraries. The section will report either to the medical or clinical director.

As none of the libraries are part of such clusters now, it is impossible to know their effect on the library. The hope is that the library will have strong allies and assistance in being heard by the administration. If the creation of these new departments at Metropolitan and Lanterman prove advantageous for the libraries, that organizational model should be promoted -- and adopted -- at the other facilities.

Note:
Some discussion is needed here about the fact that I am not recommending that the staff librarian and clients' librarian report to the same supervisor. Although all library services have commonalities, there are as many differences between staff services and client services as there are similarities. Indeed, the staff library may have more in common with the pharmacy's Drug Information Center than with the clients' library. An analogy to libraries in the community may clarify my position. Although the local university, hospital, school, and public library should join in cooperative networks, and meet to discuss their many mutual concerns, no one recommends that all four should report to the same administration or be funded by the same governing body.

Library Committee Problem Statement:
Each staff library has a committee assigned to assist and monitor the library's activities. The librarians welcome the committee as a means of hearing from staff representatives, and of testing ideas and discussing problems with staff assigned specifically to deal with the library. However, there are three obvious problems with the committees as they now stand. At some of the facilities, the library committee is composed of a disproportionate number of medical staff who dominate the committee's work. At some, the

committee has no representation from administrative or operation staff. And, at most, the staff library committee usurps the librarian's authority.

Recommendation #4: The Staff Library Committees should include representatives from all occupational groupings, with no one profession or occupation dominating the committee. [Immediate objective.]

Recommendation #5: The Staff Library Committees should be advisory in nature with the librarian acting as staff to the committee and the chair selected from its members. [Immediate objective.]

Discussion:
The staff librarian is a professional and should be treated as the manager of their services. Library committees should be advisory to the librarian. At both Metropolitan and Lanterman, the staff library committees reported that they serve as a "filter" or "buffer" to "screen out" staff requests to the library. At Porterville, Napa, and Camarillo, the committee, rather than the librarian, has the final decision on materials acquisition and on policy setting. The committee should neither protect the librarian from staff nor usurp the librarian's professional authority.

CHART #24

FUNDING: STAFF LIBRARY

AGNEWS STAFF LIBRARY	
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	State Funds
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	In addition to the hospital budget, we received the following in 1985-6: LSCA - Sept. 1985 for conference in Sonoma, California for administrators and Librarians of State hospitals. Donations of second-hand books and some cassette tapes, various kinds of journals, etc.
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY	The facility gives me all my money. There is a line item in the facility budget for the Staff Library. Salaries are out of a different budget, as are equipment, communications and supplies.
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	Hospital Budget item -- Professional Library Training for books and AV repair and AV supplies. Recreation & Religion budget item supplies AV repair for resident equipment use. Sale of old PDR's credited to Professional Library. MLGSCA ILL coupons make about $300/year also credited to Library Allottment.
METROPOLITAN STAFF LIBRARY	Hospital Budget
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY	$20,000 Napa State Hospital 4,000 National Library of Medicine Grant

CHART #24 (cont.)

FUNDING: STAFF LIBRARY

PATTON STATE HOSPITAL STAFF LIBRARY	Hospital budget only	
PORTERVILLE STATE HOSPITAL PROFESSIONAL LIBRARY	General	
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	Staff Library budget (CPS) Training budget (Sonoma) National Library of Medicine grant	$7,500 $2,500 $4,000
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	State General Fund	

B. Funding

Budget Management Problem Statement:
To ensure continuity of services, and to plan future services, the librarian must know what resources are available each year, and must be given control over their use.

Recommendation #6: The staff library should be a line item (or a cost center) in each facility's budget. [Short-range goal.]

Discussion:
Currently, only Atascadero, Camarillo, Sonoma, and Fairview's libraries are assigned specific program budgets within the facility's budget; Patton is beginning to use program budgeting this year. At the other facilities, the librarians do not know what their budgets are, or, as one librarian told me, the budget amount is "fictitious," and not really used as the basis for service and collection development policy or for materials acquisition. Without a specific budget, the librarians must submit purchase orders and hope that they are filled; the librarian is unable to plan effectively to ensure that library services are optimally maintained.

Recommendation #7: The staff librarian should be designated as the Budget Manager for the staff library at each facility. [Short range goal.]

Discussion:
The professional librarian should be treated as a professional and given control of his/her budget. Currently, only at Sonoma, Patton, and Fairview is the librarian considered the Budget Manager and therefore able to sign purchase requests independently. At Camarillo the librarian can sign purchase requests only after they have been approved by the Library Committee. At the other facilities, the librarian's supervisor, usually the Medical Director or the Chief of Professional Education, controls the expenditures and, therefore the development of collections and services which are the proper domain of the librarian.

A corollary of expenditure control is the responsibility for writing formal budget requests annually, which not all of the librarians do at this time. Each librarian should be required to prepare and justify an annual budget request.

Budget Quantity Problem Statement:
The staff library budgets vary greatly from facility to facility with no guideline or formula used in their determination. (See Chart #25.)

Recommendation #8: The departments should adopt and implement the following funding formula. Each staff library should have a materials budget of a minimum of $15 per bed, or $10 per staff member, whichever is higher, from the facility budget. (Note that in DMH the bed number should be based on the licensed/program beds after remodeling, a larger number than the current population or licensed capacity.) [Long-range goal.]

Discussion:
This formula would bring the other libraries' budgets up to the level of Napa's which is currently the largest at approximately $15 per bed, and would restore the budgets of libraries (such as Fairview's) which were recently reduced.

Recommendation #9: Libraries required to do purchasing for other facility departments should receive separate, specific budgets for each department.

Discussion:
Fairview's staff library budget is so divided, with line items for the Research and Quality Assurance departments for which the library purchases materials. Other libraries required to do all materials purchasing for the facility units (e.g. Atascadero and Lanterman) do not have specific budgets for each department.

Recommendation #10: Staff libraries in facilities in areas remote from university libraries (e.g. Atascadero, Porterville, and Camarillo) should receive additional funding. [Long-range goal.]

Discussion:
The needs assessment findings show that medical staff and psychologists, especially, rely on university libraries for much of their information. However, because of the remote locations of some of the facilities, the staff are less able to visit other libraries and instead rely totally on the facility's staff library. In those cases, in order to provide good service, the library must be more self-contained, with larger collections.

Recommendation #11: Staff libraries serving research groups should receive at least 3% of the research center/institute's budget. [Long-range goal.]

Discussion:
Researchers are heavy library users (See section H on Research), often needing materials which facility staff do not use, and requesting labor-intensive services. The research budget should contribute to the cost of these collections and services.

A search of the literature shows that 3-7% of research and development funds are typically used for library and information services, including staff and materials.

LIBRARY EXPENDITURES FOR 1985/86: STAFF LIBRARY

	# OF BEDS	SALARIES	BOOKS	PERIODICAL SUBSCRIPTIONS	AUDIOVISUAL EQUIPMENT	TOY AND MANIPULATIVE MATERIALS	AV EQUIP.	OTHER EQUIP.	PHOTO-COPYING
AGNEWS STAFF LIBRARY	1097		$3,700	$1,300					
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	973	$102,036 (for all staff, not just prof. Lib.)	$4,543	$7,613	$100 Black Gold Microfiche Catalog	0	0	$350 (book truck and computer items)	Rental machine (it pays for itself)
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	1228	Librarian - $2414 High School Student Lib. Assistant - $5.22/hr. (20 hrs/week)	$2,182.48	$9,916.09		0	0	$131.75 for a paper cutter	$176.40 for initial service charges, masters, toners, etc. (papers are supplied)
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY	986	$32,641.50	$7,048.27	$5,473.32	Do not handle them			$1,350 - Microfiche reader/printer $500 - typewriter	Service contract from another budget
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	1073	$30,217 (80% Librarian and 4 mo. f/t Student Assistant) No fringe benefits included	$9,000	$8,600	$460	0	0	0	N/A (we own the machine and facility supplies paper & supplies)
METROPOLITAN STAFF LIBRARY	720	$19,564	$3,158.49	$10,577.63	$236.76	N/A	0	0	N/A
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY	1403	$52,284	$11,551	$9780					
PATTON STATE HOSPITAL STAFF LIBRARY	1050	$38,500	$8,800	$5,560	$385	N/A	None	Brodart Binder	$53
PORTERVILLE STATE HOSPITAL PROFESSIONAL LIBRARY	1214		$7,188 total budget - books, periodicals, binding, supplies, memberships. Aim at 3/4 for periodicals, 1/4 books. $500 binding, $200 memberships taken out first.		0		0	$545.90- card catalog $597.15- shelving	No budget not charged to Library
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	1344	$33,500	$6,298	$5,342	$0	$0	$0	$0	$308
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	523	$33,336 + benefits	$1,000	$5,000	Out of other budgets	Out of SDC office or other budgets - amounts unknown			

CHART #25

LIBRARY EXPENDITURES FOR 1985/86: STAFF LIBRARY

	COMMUNICATIONS	ON LINE DATA BASE SEARCHING	SUPPLIES	OTHER EXPENDITURES
AGNEWS STAFF LIBRARY				
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	No data available	$977	$2,194 (all supplies for all 3 libraries)	$100 TIE membership $15 CHLIC
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	Long distance calls not charged out of budget	None	Get most supplies monthly	$375.20 - misc.
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY		$830.88	$2,074.19 (includes paper products for online searching and photocopying)	$491.64 - inter-library loans $358 - Cumulated Index Medicus - 2 yrs
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	N/A (not charged to library)	0	$400	$550 - Gov't Deposit Acct $2,000 AV equipment repair
METROPOLITAN STAFF LIBRARY	N/A	$494.92	$195.51	0
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY			$286	$1,836
PATTON STATE HOSPITAL STAFF LIBRARY	N/A	N/A	$285	$1,215 Brodart Binder
PORTERVILLE STATE HOSPITAL	No budget Not charged to Lib.	0		$100 - membership San Joaquin Valley Info. Serv. $100 - MLA (from total budget)
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	$0	$700	$258	$911/binding
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	Out of SDC office or other budgets - amounts unknown			

CHART #25

C. Collections

Problem Statement:
Most of the libraries have a sufficient quantity of medical books, and half have enough journals to meet guidelines for medical hospital libraries. However, many of the books are outdated, and neither the book nor journal collections reflect the wide range of specialized topics and occupational groups working in the mental health and developmental disabilities facilities. (See Chart #26.)

Recommendation #12: To better serve the staff as a whole, the staff libraries must include more non-medical journals and other less technical publications for the non-medical occupational groups. [Short range goal.]

Discussion:
As yet there are no formal published standards specifically for mental health/developmental disabilities staff libraries. However, guidelines for small hospital libraries have been developed by the Pacific Southwest Regional Medical Library Service (PSRMLS) which is part of the National Library of Medicine's Regional Medical Library (RML) Program. According to these, a hospital of 600 beds should have approximately 125 periodical subscriptions, at least 600 book volumes, and a minimum of three indexes.

All of the facilities exceed these requirements for books and for indexes. Atascadero, Camarillo, Lanterman, Napa, and Fairview meet the periodical subscription guideline; the other facilities do not.

With few exceptions, the staff libraries have good coverage in medicine, nursing, psychology, mental health, and social work. Areas of interest to other occupational groups -- e.g. rehabilitation therapists, nutritionists, administrators -- have much less coverage. Although psychiatric technicians and others use the medical and psychology materials, they need materials in their own fields as well. Overall, the staff libraries are basically medical libraries concentrating on materials needed by the medical and allied health fields. (Reasons for this relate to library administration; please see the section on staffing and administration.)

For example, only Lanterman and Porterville subscribe to the newsletter of the Association for Retarded Citzens and Sonoma receives the newsletter and journal for the Association of Persons with Severe Handicaps. Only four libraries receive either Science or Scientific American. Sonoma has Computers in Health Care, Modern Office Technology, or Supervision; Atascadero has Office Professional. Patton has Supervisory Management, Working Woman, and six recreation therapy journals. A number of the staff libraries carry civil service exam and GED preparation books, both of which are very popular.

At a number of facilities, including Patton, Napa, Stockton, and Agnews, the rehabilitation therapists use the clients' library or the local public library for materials, as the staff library has none relevant to their work. Social workers and ancillary medical staff reported having no access to information. (See charts # 1, #2, #3, #5, #6, #7.)

In addition, there is a need for materials the non-professional occupational groups can use, and for materials on supervision and management. At Atascadero, an outside consultant doing a pre-JCAH survey for the facility recommended that the library purchase more materials on management and on quality assurance.

Recommendation #13: The Staff Libraries should be designated as "Staff Libraries," rather than "Medical Library" or "Professional Library." [Immediate objective.]

Discussion:
Once the collections and services reflect the needs of all categories of staff, the library name should reflect -- and publicize -- that change.

Recommendation #14: In order to entice new users to the library, some popular reading should be available in the library. [Long-range goal.]

Discussion:
For example, the Lanterman Staff Library subscribes to Consumer Reports and Working Woman, the Napa Staff Library has one spinnerrack of popular paperbacks for loan and international newspapers for in-library reading, and the Sonoma Staff Library offers a paperback exchange.

Recommendation #15: The staff libraries should upgrade their general reference collections. [Long-range goal.]

Discussion:
The reference collections (i.e. encyclopedias, dictionaries, study guides, and almanacs) are extremely poor and outdated although these reference books are essential to readers and, especially, to people in non-professional occupations studying for GED tests, promotional exams, or career changes. Note too that the proposed multi-type library networks may require decent basic reference collections as a prerequisite for membership; both Illinois and Massachusetts have such requirements. The required lists used by these states call for materials totalling approximately $3,500.

Recommendation #16: The staff libraries should contain the California Annotated Codes. [Long-range goal.]

Discussion:
A common request from staff was to provide the annotated codes for those areas of the law relevant to institutionalization. With the arrival of the new MDO clients (see Issues chapter), the need for the annotated codes will increase.

Recommendation #17 : Jointly, the librarian, training officer, and Chief of Professional Education should determine a policy on the purchase, storage, and use of audio and videotapes. [Short-range goal.]

Discussion:
At many of the facilities, audio and videotapes have become a problem because they are stored in various locations with no central control (e.g. Camarillo). At others, they are stored in the library but must be used/viewed elsewhere (e.g. Metropolitan) or are stored and used elsewhere for lack of listening/ viewing space in the library (e.g. Napa). In order for the tapes to be fully utitized, and for staff to have complete access to them, a policy and procedures are necessary.

COLLECTION: NUMBER OF MATERIALS AS OF 1986: STAFF LIBRARY

	# OF BEDS	HARDCOVER BOOKS GENERAL	HARDCOVER BOOKS SERIALS	PAPERBACK BOOKS	LAW BOOKS	PERIODICAL SUBSCRIPTIONS	AV EQUIP.	PROPORTION OF FICTION TO NON-FICTION
AGNEWS STAFF LIBRARY	1097					16	N/A	
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	973	9,750				155	66 kits, 144 video-tapes, 814 audiocassettes, 10 films and videocassettes unprocessed	30 Fiction 9,720 Non
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	1228	5,906	3,349	1,972	73	138	68 cas-settes (all donated items)	N/A no fic.
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY	986	No breakdown — 2,000 volumes (this includes some bound journals)				104		
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	1073	15,000	3,044	N/A	46	157	112 16mm, 41 video-cassettes, 188 filmstrip programs, 29 slide programs, 100 audio recordings	N/A -just Fiction
METROPOLITAN STAFF LIBRARY	720	7,842	N/A	N/A	N/A	122	922 audio-cassettes, 120 VCR	Non-Fiction only
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY	1403	6,250 total hardcover books				125	1,000 audiotapes	
PATTON STATE HOSPITAL STAFF LIBRARY	1050	3,125			N/A	88	415 cassettes	N/A
PORTERVILLE STATE HOSPITAL PROFESSIONAL LIBRARY	1214	9,542 total vols. held as of June 1986 75 added	42 vols. bound	No separate count		100		
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	1344	13,000 total books			36	94	17 cassettes 70 filmstrip/training modules; 30 historical photographs; 5 16 mm films	No Fiction
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	523	5,450	2,942 vols. bound and unbound	Not separately listed	Not separately listed, and few	80	400 audio cassettes	All Non-Fiction

CHART #26

D. Life Skills Resource Centers

Problem Statement:
The Chief of Education Services for DDS/DMH is developing a core curriculum for life skills training and a resource center for age-appropriate support materials at Camarillo State Hospital and Developmental Center. In addition, each facility is to have a resource center with locally owned materials and access, via a statewide database and borrowing system, to the holdings at Camarillo and at the other facilities. These materials are not for direct client use, but for all treatment staff to use for and with their clients.

Recommendation #18 : The staff library should be designated as the Life Skills Resource Center in each facility. Each should be equipped with a microcomputer (with modem, printer, and software), photocopier, laminating machine, and necessary supplies. All purchases should be made with Education funds, as one-time capital expense, with a budget item for the continuing expenses of maintenance, supplies,and replacement. [Immediate goal.]

Discussion:
The staff libraries need to expand their collections to include more materials for all non-medical staff, especially the level-of-care staff such as the psychiatric technicians and to the rehabilitation therapists and teachers. A current DDS/DMH project, the development of a Stretch Curriculum for critical skills training of clients, provides an excellent opportunity for the libraries to increase their relevance to these professional groups.

The staff libraries are the most appropriate location for a critical skills resource center because they are designed to serve staff and already do interlibrary loans in far greater quantity than the clients libraries. The staff librarians have expressed great interest in participating in the program. However, they have neither the staff nor equipment resources necessary to assume such an additional responsibility.

Recommendation #19: The Statewide Life Skills Resource Center at Camarillo should be funded and staffed separately from the Staff Library as this Resource Center will serve a statewide function. [Immediate objective.]

Discussion:
As the Chief of Education Services has said "It would be inappropriate for staff library money to be used for Stretch Curriculum core and support materials because these materials are for direct use by the staff with the client." An appropriate analogy is to textbooks which teachers in a conventional classroom use with students; these texts would not be purchased with staff library funds, nor with the school library (students'

library) funds. The correct source of funding for the Resource Center project is ECIA or Adult Basic Education (ABE) monies.

Recommendation #20: The ten Resource Centers in the other facilities should be evaluated in one year to see if the library staffing is sufficient to provide these new services. [Short-range goal.]

Discussion:
The librarians are excited about providing this new service, aimed specfifically at level-of-care staff who have not traditionally been library users. However, given the shortage of professional staff in the library, and the absence of clerical support staff, the Life Skills Resource Centers may prove to be a drain on limited existing resources.

E. Services and Use

Problem Statement:
There is great variation in library services provided to staff, depending on many factors, including the predisposition of both the librarian and the administration toward certain services. In order to meet the information needs of the facilities' staff members, a number of steps must be taken.

Recommendation #21: All staff librarians should be required to provide basic library and information services, including (but not limited to): orientation, basic reference, circulation, photocopying of library materials, interlibrary loan, literature searches, bibliography or resource packet preparation, and individualized services (SDI). [Long-range goal.]

Discussion:
As analyzed in the Needs Assessment chapter (and shown in Charts #9 and #10), approximately 25% of the staff interviewed named specific services (other than materials circulation) as the major strength of their staff library. Especially popular are interlibrary loan, table of contents services, SDI, bibliography preparation, and automated subject searches.

Currently, there are a number of examples of excellent services. At Fairview, approximately 61 staff members participate in the table of contents service with an end result of 30-40 journal article requests per month. At Lanterman and Camarillo, the librarian routes journals to staff according to their stated interests; this service is very popular.

Napa's library has excellent reprint files of journal articles on key topics. The Fairview librarian is developing resource packets on specific syndromes and would like to begin a LATCH (library materials attached to charts) program to provide basic articles and a bibliography to all staff treating a specific client. Many of the librarians list their new acquisitions in the institution bulletin; at Napa the librarian has included abstracts from new articles.

To implement a basic service requirement requires changing current job descriptions, recruitment announcements, and annual performance evaluation specifications.

Recommendation #22: All facility staff should be given an orientation to available library services, apart from the overall facility orientation. [Short-range goal.]

Discussion:
Many of the staff are unfamiliar with the services a library can provide and may not consider them a resource for job-related information and information for their own career and educational growth.

Recommendation #23: The staff libraries should remain open during lunch hours. [Immediate objective.]

Discussion:
None of the staff libraries are open on weekends or during evening hours, though a number of them are accessible to the physician on duty through a sign-out key. Sonoma and Napa report unsuccessful experiments with evening hours. At Napa, Patton, and at Camarillo, keeping the library open during lunch hours is extremely popular with staff. Note that opening the library during lunch hour requires either additional staff or the librarian lunching at an unusual time.

Recommendation #24 : Provision of outreach library services should be a priority for the staff libraries [Short-range goal.]

Discussion:
One of the reasons that psychiatric technicians and other level-of-care staff members rarely use the library is that they are unable to leave their units to visit the library. Extended lunch and/or evening hours in the library coupled with off-site library services (e.g. routed lists with requested materials sent by facility mail, SDI, circulating resource packets) -- strongly publicized to staff -- are needed to bring information to these staff members.

Recommendation #25: Any services offered to the public should be codified in a written policy and procedure statement and should be publicized in the community. [Short-range goal.]

Discussion:
Some of the libraries offer their services to the public. For example, the Lanterman librarian has an informal agreement with two nearby regional centers and loans them materials (mainly films) for training board and care personnel. At both Porterville and Agnews, some parents use the library and at Sonoma, local educators have borrowed sex education and life education materials. At Camarillo and other facilities, local university students and doctors from nearby hospitals are heavy library users.

Recommendation #26: All of the staff libraries need better signage. [Immediate objective.]

Discussion:
The staff libraries need larger, clearer standard directional signs and special charts aimed at specific occupational groups and common topics. For example, in libraries that use only the Library of Congress classification system (e.g. Fairview), all cataloging for developmental disabilities is under "Mental Retardation." (E.g. "Mental Retardation -- causes.") A patron wanting information on a new drug therapy probably will not think of looking under "Mental Retardation -- Treatments." The Library of

Congress Classification also makes it difficult to find rehabilitation therapy materials as they are spread out among fine arts, education, and psychology. Clear charts cross-referencing the locations of these materials would make use of the library much simpler for the rehabilitation therapists.

Patton too needs informational charts to assist patrons in finding materials; the library has materials classified under three different systems which means that materials on one subject may be shelved in more than one place.

Recommendation #27: DMH and DDS should send adminstrative directives allowing staff one hour of work time per month for library use. [Short-range goal.]

Discussion:
As indicated in the Findings chapter, a common refrain of staff is "I can't go to the library; it would look as if I'm goofing off." And "Going to the library is a luxury not encouraged by the administration." This recommendation logically follows precedents already set: Staff now have the privilege of one hour per month for professional peer group meetings, as well as the possibility of release time for off-campus continuing education.

Recommendation #28: The staff library card catalog should list all of the holdings in the facility, whether housed in the library or elsewhere in the facility. [Short-range goal.]

Discussion:
In response to JCAH requests, a number of the facilities are doing this already. At Fairview, money for all materials bought for the facility are transferred to the library budget (as discrete cost centers) and the librarian does all book and journal purchasing for the departments and programs. At Lanterman, the librarian also does all the purchasing of books and journals. At Atascadero, the librarian must initial all book and journal purchase orders from the departments. At Metropolitan and Patton, the librarian is sent a photocopy of all book purchase orders so that card catalog cards can be made.

LIBRARY USE: MONTHLY STATISTICS (1986): STAFF LIBRARY

	# OF BEDS	VISITS BY INDIVIDUALS	VISITS BY CLASSES OR GROUPS	VISITS BY SEPARATE PEOPLE	MATERIALS CIRCULATED	MATERIALS BROUGHT TO LIVING UNITS	ILLs SENT OUT TO OTHER LIBS.	ILLs REQUESTED FROM OTHER LIBRARIES
AGNEWS STAFF LIBRARY	1097							
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	973	3,983 Monthly average - 332			Print:2,701 (mo/avg. 226) AV:373 (mo/avg. 43) Other: Journals (365, mo/avg. 30) Auto Jr. Dist. (528, mo/avg. 44)	None	113 (mo/avg. 9)	348 (mo/avg. 29)
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	1228	354/mo./avg.	2 or 3/mo./avg.	354/mo./avg.	Print:116 mo/avg AV: 20/mo.	N/A	33 (1-6/86)	18 (1-6/86)
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY	986	202 mo/avg.	Not kept	Not kept	108 mo/avg.	0	14 mo/avg.	39 mo/avg.
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	1073	N/A	N/A	N/A	Print:2,754 Non-Print:N/A AV:809 Other: AV equipment 900	N/A	441	231
METROPOLITAN STAFF LIBRARY	720	1,657	N/A	N/A	Print:3,077 Non-Print:306 cassettes AV:119 VCR	N/A	208	453
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY	1403	521			Print:all AV:75		40	33
PATTON STATE HOSPITAL STAFF LIBRARY	1050	1,632	N/A	1,632	AV: 218	N/A	213	226
PORTERVILLE STATE HOSPITAL PROFESSIONAL LIBRARY	1214	166 mo/avg.			Print: 90		16	13
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	1344	2861/238	N/A	N/A	Print:1250/104 Non-print:0/0 AV: 19/2 Other: 0/0	N/A	121/10	442/37
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	523	355	2	387	312 total (not separated by format)	0	44	21

CHART #27

LIBRARY USE: MONTHLY STATISTICS (1986): STAFF LIBRARY

	REF. QUESTIONS ANSWERED IN-HOUSE	REF. QUESTIONS SENT TO OTHER LIBRARIES	ONLINE SEARCHES DONE	OTHER STATISTICS
AGNEWS STAFF LIBRARY				
ATASCADERO STATE HOSPITAL PROFESSIONAL LIBRARY	314 (mo/avg. 26)	No stats kept	38 - Dialog & Medline	Films from outside services - 195 (mo/avg 16+ Vertical file - 53
CAMARILLO STATE HOSPITAL PROFESSIONAL LIBRARY	157 (1-6/86)	8 (1-6/86)	11 (Interlibrary loans) 22 (Loan Serv. Sec.)	Monthly report Daily Stat. worksheet
FAIRVIEW DEVELOPMENTAL CENTER STAFF LIBRARY	74 mo/avg.	rarely	Medlars - 25/mo. State Lib - 2/mo.	Photocopies - 2,587/mo. Volunteer Hours - 20/mo. Info. documents mailed - 341/mo. Hours Open - 114/mo.
LANTERMAN DEVELOPMENT CENTER STAFF LIBRARY	N/A	N/A	0	Books fully cataloged - 209
METROPOLITAN STAFF LIBRARY	97	N/A	36 Presbyterian InterCommunity Hosp., Calif. State Lib., Fairview State Hosp.	None
NAPA STATE HOSPITAL PROFESSIONAL LIBRARY			2, Calif. State Library	
PATTON STATE HOSPITAL STAFF LIBRARY		168	15 (VA Hosp., L.L.U.)	
PORTERVILLE STATE HOSPITAL PROFESSIONAL LIBRARY	10	.75	.75 SJVIS	
SONOMA DEVELOPMENTAL CENTER/STAFF LIBRARY	409/34	19/2	226/19 Medline 19/2 Calif. St. Lib. searches	Number of articles (non-ILL photocopied: 176/15 Numer of pages (non-ILL) photocopied: 1019/85
STOCKTON DEVELOPMENTAL CENTER PROFESSIONAL LIBRARY	Data not kept	None	3 - CSL	

CHART #27

F. Physical Site

Problem Statement:
Both the location and the condition of the library facilities are, for the most part, poor. Often inaccessible, always cramped, sometimes poorly maintained and inadequately repaired and furnished, the libraries do not provide an inviting atmosphere.

Recommendation #29 : The Hospital Administrators, Plant Operations Chiefs, Librarians, and Facilities Planning Staff (in Sacramento) should meet to discuss the libraries' needs. [Immediate objective.]

Recommendation #30: All staff libraries should be relocated to rooms which are handicapped accessible and which are conveniently located for staff use. [Long range goal.]

Discussion:
Underutilization of the library is a common complaint of the staff librarians. After seeing the libraries' locations, the reason is clear. Most of the facilities are spread out over large grounds, so that any one location may be difficult for some staff. Yet a location near the Business Office, Training Office, or Administration Building would be most accessible.

Since Patton was recently provided with Department of Corrections security fencing and officers, access to the Staff Library requires entering and leaving through a security checkpoint, a cumbersome and time consuming procedure. Library visits have decreased. The Administration is the only totally accessible building which is physically capable of holding the weight of a library, but it has no space. A separate prefabricated library building should be considered for use at Patton and at other facilities with space problems. (Note: Between the release of the draft report and printing of the final report, Patton's staff library has been relocated to the Administration Building.)

Recommendation #31: All staff libraries should have adequate space for the collection and its use, as well as work and office space for the library staff. [Long-range goal.]

Discussion:
None of the staff libraries has enough space for adequate use and storage of the collection. All current materials should be displayed and older materials stored in the library. The library should also have space for tables and chairs, reading chairs, and media and study carrells for the patrons. According to institution library standards, there should be ample room for 10% of the user population (staff) to sit at a table to read (60 square feet per person). Metropolitan and Sonoma have the most public space, but it is still insufficient, especially if meetings take place in the library. Camarillo and Porterville are the most cramped with Patton, Lanterman, Napa, and Fairview close behind.

Finally, the library needs work and office space for the librarian and assistants. Although most of the facility staff libraries do have some office/work space (Camarillo, Agnews, and Porterville do not), none of it is adequate except at Metropolitan.

Recommendation #32: All staff libraries should be provided with regular routine janitorial services, as well as repair and refurbishing services as needed. [Short-range goal.]

Discussion:
Metropolitan is the worst offender in this area. Its staff library is shamefully dirty and ramshackle. The librarian there, and at other facilities including Lanterman, do their own dusting and other cleaning. At Metropolitan the staff library is so shabby and cavernous, with peeling paint and exposed roof beams, that it is most unpleasant to use. Others, such as Fairview, have temperature control and noise problems because of their locations.

G. Technology and Automation

Problem Statement:
The DMH/DDS staff libraries are notably low-tech. Even the most basic of office and library equipment -- photocopiers -- are lacking. None of the libraries have access to electronic mail, only Atascadero and Lanterman have microcomputers and only Fairview and Sonoma have dumb terminals. To provide the sophisticated library services requested by staff, or to effectively network with other libraries, the libraries must have proper equipment.

Recommendation #33: Each staff library should have a photocopier located in or adjacent to the library for free copying from library materials, at least one electric typewriter, and audio and video players. [Short-range goal.]

Discussion:
Sonoma and Stockton's libraries have no photocopier; at Stockton the librarian must travel four blocks to the Administration building to request photocopying which takes 1-3 days. Atascadero has a coin-operated photocopier. Patton, Camarillo, and Fairview have machines which other departments have discarded.

Recommendation #34: Each facility staff library should have a micro-computer with modem, printer, and appropriate software. [Short-range goal.]

Discussion:
The staff libraries need microcomputers for internal operations such as circulation control and statistics, serials records, cataloging, and acquisitions. The time saved in these functions would allow the librarian to perform other services often requested by staff but extremely labor-intensive, such as table-of-contents routing or selective dissemination of information. A microcomputer in the library also allows sophisticated literature searching and bibliography preparation as well as speedy interlibrary loan and electronic mail.

Recommendation #35: Each staff library should request a microcomputer from the facility's "PC Coordinator." In addition, a group feasibility report for all the libraries jointly should be submitted to the departments. [Immediate objective.]

Discussion:
Both departments have automation funds, with money available for the facilities upon acceptance of a feasibility report. Each hospital and developmental center has a "PC Coordinator," working with the units requesting personal computers. Yet only at Metropolitan is the PC Coordinator considering the library as a

site -- he also serves on the Library Advisory Committee. Headquarters reports that it has received no requests for computers in the libraries.

Recommendation #36: The DMH and DDS automation staff, in consultation with the State Library automation specialists, and the facility librarians, should determine which hardware and software options are most appropriate for the facility libraries. [Immediate objective.]

Recommendation #37 : The automation of all the libraries should be compatible to promote coordinated utilization of resources; compatible hardware and common software should be selected. [Immediate objective.]

Recommendation #38: In planning for the automation of the libraries, the costs of training library and other staff, a permanent commitment to automated database searches, purchase of existing software, and the maintenance of the hardware must be taken into account. [Immediate objective.]

Discussion:
It is essential that compatible hardware and software be selected so that the libraries work as an effective and efficient network. It is equally important that library-appropriate software be used. Note that costly development of software will not be necessary as specialized software programs and databases already exist for library purposes.

H. Research

Problem Statement:
Research is a growing component of each department, both centrally and in the individual facilities. (See Issues chapter.) In order to do research, access to the most current information is necessary. Researchers use many methods for retrieving information. Libraries, especially are considered vital to their work. As the Director of the new DDS Research Institute said: "We can't do research, submit grants, or keep current without libraries." Indeed, when establishing the Institute, he budgeted in an amount for journals and books to augment the library collection at Fairview where the Institute is located.

Recommendation #39: An inter-departmental advisory committee, composed of librarians and researchers from both departments, should convene to discuss library services and to develop a policy on library use as well as recommendations for augmenting resources. [Immediate objective.]

Discussion:
The DMH and DDS researchers are heavy users of the staff libraries at all of the facilities where they are located. For example, the Research Institute Director states that 80% of the institute's information support comes from the Fairview Developmental Center's staff librarian. At facilities without a staff librarian, e.g. Agnews, or with a staff library open only few hours, e.g. Metropolitan, the researchers rely instead on local university libraries.

The great majority of the researchers have university affiliations and are comfortable with using the university library as a primary resource. The problem identified by research staff is that newer researchers may not bring a university affilitation with them, but will be full-time department employees, perhaps far removed from their alma mater. Similarly, research programs in isolated locations -- e.g. Camarillo or Atascadero -- have less ready access to strong university collections.

There are other problems with DMH/DDS staff relying on university libraries. First, the university library and its staff do not necessarily have the professional commitment to assisting the researchers that the facility librarian would have. Second, the university librarians may not be as well versed in mental health and developmental disability topics as the facility librarians are. Third, the researcher must take time travelling to and from the facility -- or allow extra time at the unviersity when there for other purposes -- in order to use the university library; the facility library is nearby, everyday.

The problem for the librarians is that the current library collections and staff time are not sufficient to serve a growing body of researchers. Also there is no coordination or access to scattered research collections, and no central control over research-related purchases.

Therefore, the committee should also discuss the possibility of cataloging all the small research collections scattered throughout the state (e.g. Sonoma subscribes to two dozen neurochemistry and physiology journals) to provide access to them by others. And the budget recommendations (see Funding section of this chapter) should be discussed and implemented.

I. Coordination and Networking

Problem Statement:
A striking problem in the staff libraries is the lack of networking among the librarians to share expertise and materials. The best librarians have joined local multi-type systems and/or medical consortia to interlibrary loan materials, to share excess journals, to partake in continuing education, and to avail their libraries of other services. However, among the facility libraries themselves there is little communication or coordination.

Recommendation #40: The facility librarians should draft a position statement on the proposed multi-type library network legislation and should participate in the networking hearings, the first of which is to be held in November. Also, the institution librarians should send a statement to the Department Deputy Directors about the proposed legislation and its impacts and costs, stating the need for preparation so that, if the legislation is passed, the facility libraries can become full and active members of their local multi-type network. [Immediate objective.]

Discussion:
Multi-type library networking is being seriously discussed among librarians in California right now. A statewide task force formed by the State Librarian has recently proposed an amendment to the California Library Services Act to encourage multi-type library networks to replace current public library-only networks. Such legislation would allow the facility libraries to partake in super reference services, reimbursable interlibrary loans, delivery systems, and some special collections. These services would significantly extend the libraries' limited funds for purchasing.

In exchange for the advantages offered by network membership, standards for participation (e.g. level of staffing and ongoing acquisitions) will probably be imposed and membership fees charged.

Note that the facilities will probably be heartily welcomed by multi-type library networks. At Stockton, the library fills four interlibrary loan requests for each one initiated (sent to another library to fill). At Lanterman, the library fills two for every one initiated. Especially in remote areas of the state, the facilities have the best medical collections available. The staff libraries (and the client libraries) have unique resources to share.

Recommendation #41: The facility librarians should meet as a group twice a year, once in conjunction with the California Library Association meeting and once independently. [Immediate objective.]

Discussion:
The meetings during CLA will provide an opportunity for information sharing, problem solving, and access to other CLA programs and services such as exhibits. The other annual meeting should rotate among the facilities and should provide specific training as well as an opportunity for sharing of information and resources. Such meetings should result in better utilization of expertise and resources.

Under the LSCA grant for 1986-1987, one such training meeting will be held, with the topic to be chosen by the librarians during late 1986. In the future, the expenses of these meetings should be covered by the facilities, and, of course, the librarians should be given paid leave to attend.

Recommendation #42: The facility librarians should be encouraged to attend other professional meetings at the institutions' expense. [Immediate objective.]

Discussion:
The librarians rarely participate in professional meetings such as the California Library Association (which meets annually), the American Library Association (which meets annually, with its meeting in California about every 5 years), Medical Library Association (which meets annually), the Medical library groups of Northern and Southern California (each of which meet twice a year), and the Mental Health Librarians (a unit of the Community and Hospital Psychiatry Association which meets annuallly). And the librarians meet among themselves only infrequently -- usually as part of a grant-funded project such as this one. It is essential that they meet with each other, and with librarians in other areas, to combat institutionalization and to prevent the burnout noticeable in some of the librarians now.

For example, all of the librarians should be supported to attend the American Library Associations' conference this July in San Francisco.

Recommendation #43: A committee of staff librarians should be convened to revise the periodical retention agreement of 1980 and to establish new coordinated efforts in collection development. The results of the committee's work should then be printed and distributed to all the facilities as a manual on inter-institution cooperation. [Immediate objective.]

Discussion:
A number of years ago the librarians decided to divide responsibilities for storing back journals and so designated facilities to be the "holder of record" of certain journal titles. This saved the other libraries the space and binding costs of keeping every journal title. The informal agreement needs to be updated and to be formalized in writing, as some library committees and supervisors are not honoring the agreement.

Other such cooperative arrangements also should be made. An analysis of the holdings of the libraries suggests a number of areas in which the libraries could do cooperative acquisition, for example. The Pacific Southwest Regional Medical Library Service (PSRMLS) can print out a union list of all the facility journal holdings listed in the union lists of the Northern California and Southern California Medical Library Groups; such a list can also serve as the basis of a cooperative acquisition project. (For more on this, please see the collections section of the report and appendix #5.)

One simple example of a coordinated effort would be the sharing of lists of new acquisitions on a bi-monthly basis. A next step might be the cooperative purchasing of certain titles, and the designation of individual libraries as the central location for in-depth collections in specific areas.

Recommendation #44: Agnews, Atascadero, and Porterville should add their holdings to SERHOLD and all the institution libraries should sign up for DOCLINE. Similarly, Agnews should add its holdings to the California Union List of Periodicals (CULP). [Immediate objective.]

Discussion:
The National Library of Medicine, through its regional library system, encourages cooperative efforts among medical libraries -- including mental health and developmental disability libraries. NLM offers a number of special services including SERHOLD, a database of location information for serials (seven of the facility libraries are currently listed) and DOCLINE, an automated interlibrary loan system (only Fairview participates). Until the fall/winter of 1987, DOCLINE is available without charge to all libraries whose holdings are included in SERHOLD. Note that a computer is necessary to access DOCLINE.

Recommendation #45: The DMH/DDS libraries apply for a National Library of Medicine Resource Improvement grant to create an institutional library consortium. [Short-range goal.]

Discussion:
The National Library Of Medicine (NLM) grants funds for the creation of hospital library consortia. Mental health and developmental disabilities facilities qualify for NLM grants.

Prerequisite to obtaining a grant is evidence of local efforts to network. In other words, implementation of recommendations #41, #44, and #45 would provide the evidence of cooperation among the facility libraries which is necessary before obtaining an NLM grant. The NLM grant can provide funds for cooperative projects and purchases, and even a part-time coordinator. Note, though, that NLM grants do not cover the purchase of computers.

II. CLIENT LIBRARY SERVICES AT STATE HOSPITALS AND DEVELOPMENTAL CENTERS

Overall, the clients' library services are blatantly inferior in quality to the staff library services in the facilities. In this chapter, the poor services will be described in terms of the insufficient staffing, funding, and other resources and supports. Recommendations will be made to improve clients' services and to upgrade clients' library services to an equitable position vis a vis the staff libraries.

A. Staffing

Staffing Levels Problem Statement:
As was discussed in the findings and the staff libraries chapters, knowledgeable and enthusiastic staff is the key to good library services. Evident in the clients' libraries is the fact that collections or space do not necessarily imply library services; they can be used as baby-sitting or resting places if not adapted specifically for the needs of the patients and residents. In a sufficiently staffed library for the mentally or developmentally disabled, however, the library can provide resources and activities for normalization, sensory training, functional skills training, independence and responsibility, and community reintegration.

The current non level-of-care Staffing Standard is a cooperative DMH/DDS document which specifies levels of staffing allowed at the facilities. At the moment, this document is an obstacle to obtaining more library staff, and it must be changed.
The Staffing Standard can be changed by administrative directive from the DDS Deputy Director/Developmental Centers Division and the DMH Deputy Director/Division of State Hospitals.

Recommendation #46: The DMH/DDS Staffing Standard must be changed to reflect the real needs of the clients' libraries. Each library should have one full-time permanent librarian therapist with a minimum of one permanent part-time clerical assistant. [Short-range goal.] Note: In DD facilities, a rehabilitation therapist may replace a librarian in the clients' library.

Discussion:
The clients' libraries are extremely understaffed -- especially those at Metropolitan and Porterville where one librarian operates both the staff and clients' libraries without assistance. At Sonoma and Lanterman, there is only one librarian, but special assignment staff members have been placed in the clients' libraries. The other libraries are staffed by full-time professional librarians (Napa and Patton) or by full-time rehabilitation therapists or library technical assistants (Agnews, Fairview, Stockton, Atascadero and Camarillo).

Most of the facilities have had two librarians -- one for staff, one for clients. At both Lanterman and Sonoma, the clients' librarians were promoted to Senior Librarians (Staff Library) and were not replaced as clients' librarians. At Sonoma, the patients' library had two librarians and, under an LSCA grant in 1975, hired two Library Technical Assistants (LTAs). At the conclusion of the grant, the LTAs were dropped and, in 1981, the patients' librarian position was converted to a Standards Compliance position. Similarly, at Metropolitan, a 1978 LSCA grant funded two LTAs and an Office Technician to work with the librarian. As the people in these positions have left, they have not been replaced.

Camarillo, Napa, and Patton each have clients assigned to the library on "therapeutic job assignments" and Porterville's new library is slated for resident help also. At Sonoma, a social services assistant on disability has been assigned to the library. At Lanterman, a half-time teaching assistant from the adult education program is assigned to the clients library nine months a year. These are the only instances of additional staff in the clients' libraries.

Recommendation #47: Any justification or documentation needed besides this report should be submitted by the Project Director to the Deputy Directors' Offices with a request for a Staffing standard change. [Immediate objective.]

Discussion:
One approach is to do a standard-by-standard analysis of the JCAH accreditation standards, analyzing the library's contribution to each. DMH, especially, is concerned with JCAH as it has 1987 as a deadline for full accreditation for all hospitals.

Staffing Hierarchy Problem Statement:
Further evidence of the inferior status of the clients' libraries (as compared to the staff libraries) is the reporting structure. Whereas most staff libraries report to the medical or clinical director, most clients libraries report to the Assistant Chief for Education (ACE), who reports to the Chief of Central Program Services, who reports to the Clinical Director. The fact that the library is buried under so many layers of administration may be one reason for its low funding.

Recommendation #48: The client librarians should report directly to the Chief of Central Program Services. [Short range goal.]

Discussion:
As in the staff library chapter, some discussion is needed here about the fact that I am not recommending that the clients'

librarian report to the staff librarian or to the same supervisor as the staff librarian. First, I do not feel that client services are subordinate to staff services. Second, although all library services have commonalities, there are as many differences between staff services and client services as there are similarities. Indeed, the client library services may have more in common with the rehabilitation therapy programs than with the staff library. An analogy to libraries in the community may clarify my position. Although the local university, hospital, school, and public library should join in cooperative networks, and meet to discuss their many mutual concerns, no one recommends that all four should report to the same administration or be funded by the same governing body.

One advantage to administratively separating the two libraries is that competition between the staff and clients' libraries for staff and funding may be reduced. Indeed, in three of the four facilities where one librarian operates both libraries -- and the libraries compete with each other -- the clients' libraries have extremely poor budgets. Although it is difficult for one person to report to two supervisors, I feel strongly that even the librarians who administer two libraries should report to the Clinical Director or Hospital Administrator re the staff library and to the Chief of CPS re the clients' library.

B. Funding

Budget Management Problem Statement:
To ensure continuity of services and to adequately plan for future services, the librarian must know what resources are available and must be given control over their use. (See Chart #28.)

Recommendation #49: The Clients' Library should be a line item (or cost center) in the facility budget. [Short-range goal.]

Discussion:
Currently, only Atascadero and Sonoma's clients' libraries are assigned specific program budgets within the facility's budget; Patton is beginning to use program budgeting this year. At the other facilities, the librarians do not know what their budgets are, or, as one librarian told me, the budget amount is "fictitious," and not really used as the basis for service and collection development policy or for materials acquisition. Without a specific budget, the librarians must submit purchase orders and hope that they are filled; the librarian is unable to plan effectively to ensure that library services are optimally maintained.

Recommendation #50: The clients'librarian should be designated as the Budget Manager for the clients' library. [Short-range goal.]

CHART #28

FUNDING: CLIENTS' LIBRARY

AGNEWS RESIDENTS LIBRARY	Agnews Developmental Center - Recreation and Religion Fund; ECIA Chapter 2 Funding
ATASCADERO STATE HOSPITAL PATIENTS & LAW LIBRARY	State Funds
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	Annual Budget (CPS); Chapter 2 (EOIA) monies; Equipment Budget; Donations (community): books and magazines, practice typewriter, beautification materials, puzzles, VHS cassettes (10), newly acquired volunteer (works 2 days/week, is paid $2.00 per day travel monies from Vounteer Services Budget).
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	Hospital Budget — through Educational Supplies line item. I also receive items from Volunteer Services, this past year I have received a color TV, stereo, and a video cassette recorder.
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	Recreation & Religion Allottment (from Central Program Service) Resident Benefit Fund (Trust Office) ECIA Chapter 2 Grant
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	Hospital Budget
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	Central Program Services formal budget $3,000, informal $200 ECIA grant 1985/86 $3,148; 1984/85 carryover $3,770.59 RFB 29G $100

CHART # 28 (cont.)

FUNDING: CLIENTS' LIBRARY

PATTON STATE HOSPITAL PATIENTS LIBRARY	Money provided by Department budget. Number of library materials are donated either individually or through Volunteer Services.
PORTERVILLE STATE HOSPITAL RESIDENTS LIBRARY	Central Program Services
SONOMA DEVELOPMENTAL CENTER/RESIDENTS' LIBRARY	Residents' Library budget $1,000; EICA funds - varies each year
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	State allotment from Stockton Developmental Center. The book expenditure includes the purchase of about 75 second-hand books from Tracy Friends of the Library book sale for 25¢ a piece. Donations include a world globe, World Book Encyclopedia, Childcraft, and thousands of magazines.

Discussion:
The professional librarian should be treated as a professional and given control of his/her budget. This is not the case with any of the 11 clients' libraries. Instead, the librarian's supervisor controls the expenditures and, therefore the development of collections and services which are the proper domain of the librarian.

A corollary of expenditure control is the responsibility for writing formal budget requests annually, which not all of the librarians do at this time. Each librarian should be required to prepare and justify an annual budget request.

Budget Quantity Problem Statement:
Nowhere is the stepchild status of the clients' library as noticeable as in their budgets. Except at Metropolitan where the staff and clients' libraries were funded equitably ($13,972.88 for the staff library and $12,470.02 for the clients library), the clients' libraries are shockingly underfunded.

Of the other ten facilities, the largest clients' library materials budget in FY 1986 was $5000 (at Patton) as compared to $14,745 for its staff library. The largest staff library materials budgets in FY 1986 were at Napa -- $21,331 -- where the clients' library received $2,287.62 for materials, and at Lanterman -- $18,060 -- where the clients' library materials budget was $416. Even with the understanding that professional materials and scholarly journals are extremely expensive, and that the institutions have more staff than residents, this disparity is grossly out-of-line.

A related problem is that the budgets vary drastically from facility to facility, as is clear from the examples given above. (See Chart #29.)

Recommendation #51: The departments should adopt and implement the following funding guideline to be used by each institution in determining its budget. The clients' libraries should be funded according to formula of $15 per bed. (Note that in DMH facilities, this number should be based on licensed/program beds after remodeling, a slightly higher number than the current population or licensed capacity.) [Long-range goal.]

Discussion:
According to the Massachusetts Standards for Patients Library Service (1986), the newest of such guidelines, .75% of the total hospital budget should be spent annually on library materials for patients. This comes to $264,000 for Patton and $450,000 for Lanterman. I suggest a more modest sum of $15 per capita, which is the average cost of one paperback book and one cassette per resident per year.

LIBRARY EXPENDITURES FOR 1985/86: CLIENTS' LIBRARY

	# OF BEDS	SALARIES	BOOKS	PERIODICAL SUBSCRIPTIONS	AUDIOVISUAL EQUIPMENT	TOY AND MANIPULATIVE MATERIALS	AV EQUIP.	OTHER EQUIP.	PHOTO-COPYING
AGNEWS RESIDENTS LIBRARY	1097	$25,296	$333.80	$238.13	$2,183.68	$250	$628.75	$103.63	
ATASCADERO STATE HOSPITAL PATIENTS & LAW LIBRARY	973	$102,036 (for all staff) service - $4,250	$5,657 Law Lib. updating	$1,085	$77	None	$265		Rental machine used by both patients and staff
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	1228	$21,240	$300	$260	$810	$220	$767	$1,167 (activity tables, typewriter, mag rack globes)	Photocopy machine on permanent loan from Work Training Center (only the cost of paper)
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	986	$20,928 (LTA exc. benefits) $2,472 (1/2 S.A., 5 mos.)	$721.48	$256.67	$1,127.72	$1,008.12	$300	0	0
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	1073	$12,290 (20% $6674 librarian and 1/2 $5,616 Pomona Unified Sch. Dis. Teachers Aide; Benefits not included)	0	$116	$300	0	0	$5,154 computers & software	N/A
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	720	$33,077	$1,631.16	$8,409.76 $419 - newspapers	$2,010.10	N/A	$455.10	N/A	N/A
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	1403	$24,012	$770.65	$1,516.97	$4,700 grant	None	$200 grant	$3,020 grant computer $4,000 software	None
PATTON STATE HOSPITAL PATIENTS LIBRARY	1050	$2,655/month (gross)		$3,500	$1,400 tapes	$300 cassette			coin operated copier pays for itself
PORTERVILLE STATE HOSPITAL RESIDENTS LIBRARY	1214		$60		$818		$1,676	$379.50 - cabinet	
SONOMA DEVELOPMENTAL CENTER/RESIDENTS LIBRARY	1344	$17,300	$0	$178.62	$762.42	$0	$0	$512.49 - $0 computer equipment	
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	523	$27,504 (not including benefits)	$202	$387	$610 (all filmstrip/ cassette sets)	$73	0	0	0

CHART #29

LIBRARY EXPENDITURES FOR 1985/86: CLIENTS' LIBRARY

	COMMUNICATIONS	ON LINE DATA BASE SEARCHING	SUPPLIES	OTHER EXPENDITURES
AGNEWS RESIDENTS LIBRARY			$237.88 (includes special programs materials)	
ATASCADERO STATE HOSPITAL LIBRARY	No data	0	$2,194 (all libraries)	Contracts: $1,550 film serv. $1,000 book serv.
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	0	0	$167	$50 - Open House
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	0	0	$552.94	$316.92
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	N/A	N/A	$270	N/A
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	N/A	N/A	$380.97	
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	None	None	$516.19	$404.25
PATTON STATE HOSPITAL PATIENTS LIBRARY			$300	
PORTERVILLE STATE HOSPITAL RESIDENTS LIBRARY				
SONOMA DEVELOPMENTAL CENTER/RESIDENTS' LIBRARY	$0	$0	$5.00	$0
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	0	0	$301 (includes $99 worth of construction paper)	0

CHART #29

Recommendation #52: The costs of initially establishing basic legal collections in the MH clients' libraries should be a separate, one-time allocation from the department. [Long-range goal.]

Discussion:
For a discussion of the need for legal services and materials, see Recommendations #55 and #66.

C. Collections

Problem Statement:
Many of the DDS residents' libraries reflect their history as mental hospital libraries -- the collections are predominantly print materials written for educated adults (e.g. Camarillo) or are print materials written for children (e.g. Porterville). The DMH patients' libraries, also, lack age-appropriate yet easy-to-read materials (called "hi-lo" materials).

Recommendation #53 : The clients' libraries need to purchase comic books and general popular magazines (e.g. Sports Illustrated, Good Housekeeping, National Geographic, Life, Time). [Short-range goal.]

Discussion:
These were the most common requests of the clients and their advocates, can be enjoyed by people of all reading levels, and are age-appropriate and normalizing materials. They are very popular at Metropolitan, where the library has a good selection.

Recommendation #54: The MH facility clients librarians should submit an LSCA proposal to the State Library for innovative programs using literacy materials and ethnic materials. [Short-range goal.]

The libraries are greatly in need of literacy materials and ethnic materials: only two of the libraries have popular Spanish-language and Hispanic interest magazines and books, and none have appropriate literacy and hi-lo materials. None of the libraries have either the funds or the expertise in these areas to develop good collections or services and programs using them.

Literacy and ethnic services are LSCA Title I and State Library priorities and both have consultants who can help with proposal writing and materials identification. Note that LSCA monies will probably not be granted for collection development only; it is earmarked for innovative services.

Problem Statement:
The new Mentally Disordered Offender (MDO) program (see Issues chapter) will have an effect on the information needs, reading habits, and library use of clients. Studies of mentally ill inmates transferred from California Department of Corrections (CDC) found that these patients demonstrate a higher level of functioning than the civilly committed (LPS) patients and more potential for rehabilitation. According to the DMH MDO plan: "A

prime component of a system for treatment for this population is the educational-vocational module."

Recommendation #55: In order to provide basic legal information services (see services section below) the DMH client libraries should have basic law collections, purchased with guidance from the California Department of Corrections (CDC) and from the American Association of Law Libraries Recommended List. The initial establishment of such collections should be funded by a separate one-time allocation from the DMH central budget, with annual subscriptions and maintenance paid for by the regular facility budget. [Long-range goal.]

Discussion:
The mentally disordered offenders (as well as many of the current penal code commitment patients) will require legal information services, more sophisticated reading matter, pre-release information, and special educational and vocational support materials.

Recommendation #56: In order to provide services to meet the community integration and functional skills training objectives of the facilities, the DMH and DDS libraries should develop pre-release information files as well as purchase commercially produced re-entry materials. [Long-range goal.]

Discussion:
None of the libraries have such collections now although the Patton clients library has a collection of college catalogs on microfiche.

Note that at Napa, the Community ReEntry Program gives credit points to patients who use the library independently, as the program sees the library as a valuable community integration training ground. Other facilities should consider adopting such a policy.

Recommendation #57: The DMH clients' libraries should include more books on therapy-related topics, written for the lay reader. [Long range goal.]

Discussion:
The Patton library has a good collection in this area, and the librarian has shelved them together by subject such as rape/child abuse, marriage/family, alcohol/drugs. These materials are extremely popular with clients, and the staff has complimented the librarian on the collection.

Such self-help materials contribute toward the department's goal of functional skills training, are very popular, and -- with the influx of MDO patients -- will be heavily used.

Recommendation #58 : The clients' libraries should loan or arrange for the loan of recreational videocassettes for use on the living units. [Short-range goal.]

Discussion:
Normalization and assistance in the use of leisure time are two stated goals of the clients' libraries. Yet few provide recreational videos. At Napa, the rehabilitation therapists rent videocassettes from the local public library for $2 per film, but have problems with the 24 hour return deadline. Other hospitals/centers have similar problems with videos rented from local stores. The libraries should provide these materials, or, as an interim measure, assist in the arrangements for loan through the public library. For example, at Atascadero, the library has a contract with the County Department of Education for films sent on a 3 day loan; the charge is $2 per film which is paid from the Patient Benefit Fund. The library reserves the films but they are shown on the units.

The need for recreational videos is especially strong because the libraries' own AV collections are so poor. Only Lanterman, Agnews, and Fairview have audiovisual collections which are near sufficient. And most of the AV materials in the facilities are low-tech -- filmstrips rather than videos, records rather than cassettes. Yet the living units at most of the facilities are equipped with VCRs and audiocassette players.

Recommendation #59: The clients' librarian and the staff librarian should meet to discuss the appropriate location for activities materials. [Immediate objective.]

Discussion:
Because the staff libraries serve primarily the medical staff (see discussion of this in chapter on staff libraries), some clients' libraries have developed small collections of materials for rehabilitation staff to use, especially materials on activities planning. Stockton, Agnews, Patton, and Lanterman all have done this and others are considering it. In some cases, provision of rehabilitation materials in the clients' library may be most appropriate and efficient; in other cases it may only perpetuate problems in the staff library. Such collection development for staff should be a policy decision made jointly by the two libraries to avoid overlap of materials and confusion by staff.

Recommendation #60 : The clients' libraries should consider contracting with available local public library (or library system) resources to augment their collections. [Short-range goal.]

Discussion:
Atascadero has a rotating collection from the San Luis Obispo Library. One hundred new hardcover non-fiction books are delivered to Atascadero monthly for a $1,000 annual fee. This arran-

gement greatly expands the materials available in the Atascadero library with little monetary or staff time cost.

COLLECTION: NUMBER OF MATERIALS AS OF 1986: CLIENTS' LIBRARY

	# OF BEDS	HARDCOVER BOOKS GENERAL	HARDCOVER BOOKS SERIALS	PAPERBACK BOOKS	LAW BOOKS	PERIODICAL SUBSCRIPTIONS	AV EQUIP.	TOYS AND MANIPULATIVE MATERIALS	PROPORTION OF FICTION TO NON-FICTION
AGNEWS RESIDENTS LIBRARY	1097	900	110	420		11 titles yearly subscriptions	119 filmstrips/cassettes 40 records 30 tapes	140	60:40
ATASCADERO STATE HOSPITAL PATIENTS & LAW LIBRARY	973	21,000		1,600	1,840	38 4 newspapers	101 audio cassettes 47 kits; 12 law kits	None	1/3 Fiction 2/3 Non.
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	1228	4,600 cataloged 2,410 not cataloged	None	600 cataloged 1,950 not cataloged	1 very old set	47	31 - equip 455 - materials	163	very close to evenly divided in cataloged section
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	986	1,065	0	100	0	7 (current copies only	509 records 7 videocassettes 12 videogame cartridges, 57 16mm films, 318 35 mm filmstrips, 270 cassettes, 165 talking books	2,528	75:25
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	1073	1,500	N/A	N/A	None	10	450 audio recordings, 400 films and film-strip programs, 60 165 talking books	50	30:60
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	720	7,996	N/A	N/A	N/A	85	417 cassettes 81 8-track, 1,873 phono-disc, 74 filmstrips (titles) 40 slides (titles)		40:60
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	1403	6,000 2,000 free books	100	500 3,000 free books	55	69 5,000 free	20 filmstrips 200 audio tapes	None	60:40
PATTON STATE HOSPITAL PATIENTS LIBRARY	1050	7,000		1,500	75	65	125 cassettes 500 record albums		Close to 1:4
PORTERVILLE STATE HOSPITAL RESIDENTS LIBRARY	1214	Estimate about 4,000 total books		No separate count		0	filmstrips and cassettes	No count kept	4:1
SONOMA DEVELOPMENTAL CENTER/RESIDENTS' LIBRARY	1344	1,100 total books (estimate)				6	805 filmstrips, 225 cassettes, 250 records, 20 films, 15 videocassettes, 30 computer software programs	210	30:70
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	523	1,700	1	50	0	18	800 records 93 filmstrips in 49 sets, 89 with cassettes	200	30:70

CHART #30

D. Services

Problem Statement:
The most critical problem in the clients' libraries is the fact that the majority of DMH/DDS clients cannot use the library for one or more reasons. These include: the physical location of the library being far removed from the living areas and/or up flights of stairs (e.g. Camarillo); movement problems due to security considerations (e.g. Patton); the requirement of a grounds pass (which is an earned privilege, not a right) to get to the library unescorted (e.g. Napa); and the severe physical problems of the clients which require staff escorts (e.g. Porterville).

The number of people able to move freely and independently to the library is decreasing rapidly. DMH patients are becoming more violent and require more security; DDS clients are increasingly multiply handicapped. The great majority of DDS and DMH clients have been spending all of their time in their living areas.

Recommendation #61: Library services must be brought to the clients. [Long-range goal.]

Discussion:
Fairview and Sonoma used to provide outreach services to the living units, but discontinued it when staff was reduced. Agnews does provide outreach services only to the two programs (12 units) which house physically frail and/or bedridden clients. At Metropolitan, the county licensing team recently recommended that library materials be delivered to the units. And at Agnews, some of the units which keep their residents heavily scheduled in activites have requested materials delivery.

Until the libraries have sufficient staff, the approach used at Agnews might be adopted elsewhere. The library coordinator there works with unit staff to develop programs using library materials; the unit staff then takes the materials to the units and presents the programs. The library coordinator reports that "Library extension programs draw a cross section of residents, each session usually consisting of 20 or 50 residents."

Recommendation #62: The clients' library must be designated as a CTAS site and as an official leisure and recreation activity in the new Stretch Curriculum. [Immediate objective.]

Discussion:
A concern with clients spending all day on the living unit, and being unable to particiate in activities off the units, has spread throughout both departments. The new Client Training Activity System (CTAS) programs (also known as Day Training Activity Centers or DTAC) remove clients from their living units for specific training activities each day. As it was explained to me "CTAS apes the normal rhythm of life -- get up, dress, eat, go somewhere for most of the day, return home, recreate." CTAS

allows the clients much more physical movement but also schedules their days tightly.

Recommendation #63: The clients' library services should approximate those of the public library and all clients' librarians should be required to provide basic public library services. [Long-range goal.]

Discussion:
All clients' libraries should provide orientation, library skills courses, circulation, reference services, interlibrary loan, photocopying, basic legal information services, non-print materials use, and creative programming. At the moment, no clients' library provides all of these basic services. (See Chart #31.)

Recommendation #64: Library services should be provided on weekends and during evening hours. [Long-range goal.]

Discussion:
CTAS now absorbs most of the daytime hours, but evening and weekend activities are sparse. The libraries should take advantage of these empty hours to provide services and programming both in the library and on the units.

Currently, only Atascadero's clients' library is open seven days per week (8:30-4:00) with evening hours Monday, Thursday, and Friday (6:00-8:00 PM). Sonoma's clients library also has evening hours (Monday 5:30 - 8:30 PM and Wednesday 6:00-8:00 PM). Napa's library is open Saturday afternoons (1:00-4:00).

Recommendation #65: The client libraries should provide programming, and not just materials circulation. [Long-range goal.]

Discussion:
The great majority of DMH and DDS clients do not read, yet book circulation is the major library service provided at most institutions. Libraries that provide nonprint materials in the library usually offer them passively -- in both Stockton and Camarillo, unit staff escort clients to the library and use filmstrips (Stockton) or videocassettes (Camarillo) to "keep everyone quiet." In public and school libraries, library programming is commonplace. Here, where the patrons especially need the library materials adapted for their capabilities, library programming should be key.

Only three facility libraries regularly produce programs. At Agnews, the librarian works with the rehabilitation therapists to develop programs which the unit staff then use in the living areas. At Napa, music programs are offered in the library monthly. At Fairview, the librarian provides six regularly scheduled weekly programs, including a Sing-A-Long, captioned Films, and a Library Skills Class. In addition, she has special programs such as a recent Ice Cream Social which drew approximately 30 staff and 270 clients! All of her programs are publicized in a monthly newsletter.

LIBRARY USE: MONTHLY STATISTICS (1986): CLIENTS' LIBRARY

	# OF BEDS	VISITS BY INDIVIDUALS	VISITS BY CLASSES OR GROUPS	VISITS BY SEPARATE PEOPLE	MATERIALS CIRCULATED	MATERIALS BROUGHT TO LIVING UNITS	ILLs SENT OUT TO OTHER LIBS.	ILLs REQUESTED FROM OTHER LIBRARIES
AGNEWS RESIDENTS LIBRARY	1097	1,360 (average 340/week; no. of patrons in scheduled groups utilizing lib.)	168 (average 42/week)	120/month (drop ins)	Print:60 Non-print:16 AV:32	20 (mostly sensory stimulation and other learning materials used in outreach programs)		
ATASCADERO STATE HOSPITAL PATIENTS & LAW LIBRARY	973	45,214 (mo/avg. 697+) 1,711 - Law Lib. (mo/avg. 143)	Not kept		Print:9,568 (mo/avg. 797) AV:9,773 (mo/avg. 814)	No Stats Kept	None	379 (mo/avg. 32)
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	1228	250	56	700	Print:400 Non-print:3 AV:200 Other:Audiovisual equipment and books on record on permanent loan to Program 11	Unknown	None	None
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	986	4,760	No record	No record (offhand: 5-20/day)	262 total	No record	0	0
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	1073	6,559 Res. 1,326 Staff	589	N/A	Print:66 Non-print:N/A AV:1,326	N/A	N/A	N/A
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	720	16,738/yr	N/A	N/A	Print:2,144 Non-print:11,584 (phono-disc, cassettes, magnifiers) AV:32 slides & filmstrips	16,305	N/A	N/A
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	1403	1,500-2,000	127	300-400	Print:84 avg. Non-print:None AV:None (26 audio cassettes and workbooks checked out to schools indefinitely Other:None	25-30 boxes of mags.	2 avg.	None
PATTON STATE HOSPITAL PATIENTS LIBRARY	1050	3,500 (many repeat customers)	3-5 groups/week		Print:500-600/mo.	A book cart that can carry 200 paperbacks and magazines visits the Receiving and Treatment Units	None	5/mo.
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	523	1,106 mo/avg.	68 mo/avg.	283 mo/avg.	Print:462 avg Non-pring:all included in other categories AV:758 avg. Other: Toys and manipulative materials - 16 avg.	0	0	0

CHART #31

LIBRARY USE: MONTHLY STATISTICS (1986): CLIENTS' LIBRARY

	REF. QUESTIONS ANSWERED IN-HOUSE	REF. QUESTIONS SENT TO OTHER LIBRARIES	ONLINE SEARCHES DONE	OTHER STATISTICS
AGNEWS RESIDENTS LIBRARY	200 (avg. 50/wk)			Residents/Lib. patrons reached through "outreach" programs (72/mo.)
ATASCADERO STATE HOSPITAL PATIENTS & LAW LIBRARY	800 (mo/avg. 67)	Not kept	0	Films from outside services - 693 (mo/avg 74) Photocopies 82,095 (mo/avg. 6,841)
CAMARILLO STATE HOSPITAL CLIENTS LIBRARY	On request	2	None	0
FAIRVIEW DEVELOPMENTAL CENTER, COMMUNITY LIBRARY	No record	0	0	Library participation - by activity and month
LANTERMAN DEVELOPMENT CENTER RESIDENTS LIBRARY & LISTENING CENTER	N/A	N/A	N/A	Special Incidences - 0
METROPOLITAN PATIENTS LIBRARY AND EXTENSION SERVICES	348	N/A	N/A	None
NAPA STATE HOSPITAL JOHN STEWART RITCHIE LIB.	20-30	5	None	None
PATTON STATE HOSPITAL PATIENTS LIBRARY	No figures	10+		
PORTERVILLE STATE HOSPITAL RESIDENTS LIBRARY		0	0	
SONOMA DEVELOPMENTAL CENTER/RESIDENTS' LIBRARY	N/A	0	0	
STOCKTON DEVELOPMENTAL CENTER CLIENTS LIBRARY	0	0	0	Total hours lib. in use by clients: 72 avg.

CHART #31

Recommendation #66: The DMH clients' libraries should provide legal information services. [Long-range goal.]

Recommendation #67: In preparation for the provision of legal information services, all the DMH clients' librarians should be given a legal bibliography course. [Short-range goal.]

Discussion:
Currently, Atascadero is the only facility with sufficient legal materials and a staff person assigned to assist residents in its use. Napa has a small legal collection. They also provide legal forms for common motions. Atascadero's policy specifies that each resident has the right to use the law library two hours per day. Problems arise when patients who wish to use it are restricted to their unit due to aggressive behavior and when the law library clerk is on vacation. These problems at Atascadero can be expected to increase due to the influx of MDO patients. (See Issues chapter)

The other mental hospitals will be receiving penal code committed patients in greater numbers, also, and will need to begin providing legal information services.

It is possible that the California Department of Corrections or the California Youth Authority could provide legal materials training for the librarians at little or no cost.

E. Physical Site

Problem Statement:
In this one area only, the clients' libraries are superior to the staff libraries. Most of the clients' libraries are spacious (the most blatant exception is Porterville). Agnews and most of the others are bright, cheerful, and inviting (Porterville, Lanterman, and Sonoma are the exceptions). Location, however, is a major problem.

Recommendation #68 : All clients' libraries should be relocated to rooms which are handicapped accessible and which are conveniently located. [Long-range goal.]

Discussion:
The Clients' Library at Camarillo is on the second floor of a building without an elevator. At Sonoma, the Clients' Library is across a state road from the housing units. At Porterville, the Clients' Library is located in one corner of an active classroom. All of these libraries must be relocated.

At Patton, because of the new security procedures, a significant minority of the population is unable to visit the library. A new compound is being built now whose residents will also be unable to get to the library. Two satellite libraries need to be opened at Patton to deal with this problem. Similarly, Camarillo needs a satellite library for the Children's Center which is nearly a mile from the central campus.

Recommendation #69: All clients' libraries should have adequate space for the collection and its use, as well as work and office space for the library staff. [Long-range goal.]

Discussion:
Porterville is the worst offender in this category, but Camarillo and Patton are also too crowded for adequate patron use. The library should have tables and chairs, comfortable chairs, and media/study carrells in sufficient quantity to seat 10% of the population (at 60 square feet per person).

Camarillo, Lanterman, Agnews, and Fairview have no office/workspace. The librarian must do all paperwork and other duties at a desk in the public use area of the library. These facilities should, at the very least, provide a large counter which can serve to divide off a section of the room for library staff use.

Recommendation #70: All clients' libraries should be provided with regular routine janitorial services as well as repair and refurbishing services as needed. [Short-range goal.]

Discussion:
The Patton library is especially needy in this regard; its building is in dire need of renovation and physical repairs. Other libraries, e.g. Camarillo, are in good physical condition at the librarian's personal expense. At Agnews, recent improvements in the library have been accomplished with a combination of ECIA, ACDD, and Agnews funding and resources.

Recommendation #71 : The Hospital Administrators, Plant Operations Chiefs, librarians,and the Facilities Planning Staffs (in Sacramento) should meet to discuss the libraries' needs. [Immediate objective.]

F. Technology and Automation

Problem Statement:
The libraries are extremely technology-poor and yet wish to provide normalizing, adaptive services for clients and to network with some other libraries. Neither is possible without basic automation.

Recommendation #72: DDS should target $10,000 of ECIA (Education Consolidation and Improvement Act) monies per facility to purchase up-to-date equipment, including computers for client use in the libraries (1988) and $2,000 per facility per year thereafter for audio, video, and computer materials. [Immediate objective.]

Discussion:
Currently, only Patton and Sonoma have a computer in the clients' library and Lanterman has acquired one for that purpose. Much research has shown that even the profoundly developmentally disabled person can use and enjoy a computer. Other studies have shown that average intelligence, illiterate adults can be taught to read, as well as other skills, by using the computer independently.

The librarian can also use the public-use computer for acquisitions, cataloging, interlibrary loan, and electronic mail. For example, at Patton, the librarian is using the computer to create a book catalog for client use. If, however, the type of computer is not appropriate for such work-related tasks, the librarian should arrange with the staff librarian to use his/her computer for these tasks.

Recommendation #73: The automation of all the libraries should be compatible to promote coordinated utilization of resources; compatible hardware and common software should be selected. [Immediate objective.]

Recommendation #74: In planning for the automation of the libraries, the costs of training library and other staff, a permanent commitment to automated database searches, purchase of existing software, and the maintenance of the hardware must be taken into account. [Immediate objective.]

G. Coordination and Networking

Problem Statement:
The librarians are extremely isolated and in need of networking, both with other institutional librarians and with librarians in public and school libraries.

Recommendation #75: The facility librarians should draft a position statement on the proposed multi-type library network legislation and should participate in the networking hearings.

the first of which is to be held in November. Also, the institution librarians should send a statement to the Department Deputy Directors about the proposed legislation and its impacts and costs, stating the need for preparation so that, if the legislation is passed, the facility libraries can become full and active members of their local multi-type network. [Immediate objective.]

Recommendation #76: The institutional librarians should meet as a group twice a year, once in conjunction with the California Library Association meeting and once independently. [Immediate objective.]

Recommendation #77: The facility librarians should be encouraged to attend other professional meetings at the institutions' expense. [Immediate objective.]

Recommendation #78: In addition to formal meetings and training, the client librarians should have a staff exchange program whereby the librarian from one facility spends a day with another librarian, sharing expertise and ideas. [Short-range goal.]

Discussion:
This program should be funded centrally, if possible. If not, the requesting facility should absorb the travel costs of such an exchange, with the visiting librarian given paid leave from his/her facility. For example, the librarian at Porterville is an accompolished storyteller and storytime reader. The librarian at Agnews is outstanding with non-print media. Each could learn a lot from the other.

Recommendation #79: The clients libraries should also cooperate with local public libraries and join library networks. [Short-range goal.]

Discussion:
The Patton and Atascadero librarians belong to their local library networks or consortia, and some use other libraries to provide services. The Atascadero librarian participates in a multi-type library network which provides her with a circulating collection of books from the local public library (see the collections section) and a film service from the county school instructional media center (see services section). If the proposed multi-type library networking legislation (see Issues chapter) is introduced and passed, all of the libraries may be able to partake of such services.

III. INFORMATION SERVICES FOR SACRAMENTO AND COMMUNITY SERVICES STAFFS

This study has been directed primarily at the information needs and library use of the staff and clients of the state hospitals and developmental centers, per the proposal and contract. However, DDS and DMH staff located at headquarters and at community services sites have information needs also. It is especially important to address these needs since the institutional populations and staffs are declining while community services and other staffs increase.

Problem Statement:
In the past, library services were provided to DMH and DDS staff by the Mental Hygiene Library established in 1963 and then by its successor, the Inter-Deparmental Library, established in 1969. This library was funded by the participating departments, using a formula based on staff size (in Sacramento only). In 1982, the library was disbanded and all services discontinued.

Currently, DDS has 433 employees working out of headquarters in Sacramento, and DMH has 355 headquarters staff (240 in Sacramento, 115 in the field). These people have neither a central library to use nor affiliations with universities (as do many medical staff at the hospitals/centers). As one departmental administrator told me "Library use is a habit like any other. I used to use our library regularly, but now that it's gone, I find I've gotten used to just not using a library." Another said "We can get by without a library. But we take a narrower view because our work is no longer put into the perspective of what others have done or thought. We just keep plugging at our own departmental problems using our own experiences as our guide. And reinventing the wheel, perhaps." Others greeted me with specific information requests or literature searches they wanted done, hoping that I would serve as reference librarian for the department.

Recommendation #80: The State Library staff should produce and distribute an informational flyer directed specifically to DMH and DDS staff. [Immediate objective.]

Recommendation #81: The State Library staff should provide a workshop for DMH and DDS Sacramento staff on CSL services and use. [Short-range goal.]

Discussion:
The California State Library (CSL) is charged by law to "serve as the central reference and research library for the departments of state government..." (California Education Code, Section 19320). It does this through its State Information and Reference Center, located a few blocks from the Bateson Building. Yet very few DMH or DDS headquarters staff know about CSL's services. Indeed, a 1985 use study showed that only 1.3% of state agency borrowing from the State Library was by the DMH and DDS. Although the librarian responsible for all state agency outreach

is only assigned that role 10 hours per week, DMH and DDS staff should know what services are available to them through her and other units of the State Library.

Recommendation #82: An investigation should be made into alternate methods for providing departmental library services. [Short-range goal.]

Discussion:
It is evident from this study that additional information resources (besides those provided by the State Library) are needed. What is still unclear is where these resources should be developed.

Alternatives include contracting for service with a university as the Health Services Department does, participating in an interdepartmental library as the Resources Agency departments have, developing its own library unit as the Department of Alcohol and Drug Programs has, instituting a satellite library system with certain facilities designated as special collections for statewide use, or working with the State Library for additional legislative funding in order to increase the State Library's collections in mental health and developmental disabilities.

Recommendation #83: A written survey should be done of the DDS Regional Center and DMH Conditional Release program staffs to determine their information needs and methods currently being used to fill those needs. Decisions on departmental policies in this area can then be made and procedures implemented. [Immediate objective.]

Discussion:
DDS has twenty-one regional centers scattered throughout the state which serve as gatekeepers for DDS clients. These centers are staffed by approximately 3,000 people and serve approximately 70,000 clients each year. The centers are nonprofit, private agencies which work under contract with DDS and, therefore, are autonomous. No centralized library or information services are provided to them now, though until approximately five years ago there was a Central Information System for them in Sacramento. Funded by contributions from each regional center, the Central Information System provided both print and film materials to the centers upon request. At this time, the regional centers have no information services unless they contract (and pay) for these services locally.

DMH has a new conditional release program, begun in January 1986, to do court-ordered evaluations and follow-ups of certain forensic clients. Most of this work is done through county mental health programs, but DMH has its own conditional release program offices in Modesto, Chico, Riverside, and Sacramento with a total of 20 staff. These staff people, like the DDS Regional Center staffs, work directly with clients and need clinical materials.

IV. THE NEED FOR CENTRAL COORDINATION OF LIBRARY SERVICES

A. DMH/DDS Responsibilities

Problem Statement:
In addition to staffing in the facilities themselves, the institutional librarians need a central coordinator. Most professionals in the facilities have colleagues on-site to talk with individually; professional peer groups for discussion, support, and advocacy; and a supervisor in the same profession. Others, such as the ACEs, are only one per facility, but have a Chief, Education Services in Sacramento. The librarians, however, lack professional peers in their facilities and in Sacramento for discussion, support, and advocacy; they are totally alone.

As a result of this isolation, librarians are not always aware of new developments in services and technologies which could directly affect the level of service provided in each library. The librarians express a frustration which leads to an apathy which, again, can result in less than optimal services. A central coordinator, paid for by the departments, and working out of Sacramento, could provide the missing, vital link.

Recommendation #84: DMH/DDS, through an inter-agency agreement, should hire a professional librarian to serve as joint Library Coordinator on the department staff in Sacramento. [Short-range goal.]

Discussion:
A library coordinator is needed to:

coordinate grant proposal writing and management

represent the libraries in policy and budgeting discussions in the departments

provide quality control and evaluation functions with annual site visits

coordinate unified position statements on such issues as needed

arrange twice-yearly meetings of the librarians

plan annual training sessions

develop a library newsletter to bring the librarians up-to-date on issues affecting them and to share ideas and expertise

produce an annual projected population profile and list of current departmental trends to assist the librarians in planning

It would be best for the coordinator to be positioned in Sacramento for the visibility this offers as well as for the ease in staying informed of central developments. If, because of staffing constraints in Sacramento, this is not feasible, two lesser alternatives suggest themselves. A Library Coordinator may be hired on an outside contract basis, or a Library Coordinator may be hired by and stationed at one of the facilities (as the Life Skills Resource Center Coordinator will be an employee of Camarillo).

Problem Statement:
The first evaluation of library and information services in the facilities was done as part of the development of this five year plan. Neither JCAH nor licensing teams usually visit the library. The librarians receive little feedback on their services, and the facilities do not review the libraries' contributions towards its goals.

Recommendation #85: The DMH should amend its program review protocol to include the library in its new Treatment Activities Evaluation. [Immediate objective.]

Discussion:
In 1985, the Department of Mental Health initiated a biennial program evaluation plan. Camarillo and Metropolitan have had program review teams visit this year. Such a review is the appropriate time for review of the library as well. Of course a librarian should be included on the multi-disciplinary visiting team. Note that in order to be included in the program review, the libraries must be listed on treatment plans and the librarians must be trained to work with patients and to document their library use.

B. The Role of the California State Library

The State Library has provided a total of over $500,000 in LSCA funding for numerous projects in the facility clients libraries and, as part of the LSCA monitoring process, a Library Development consultant has then been assigned to each of these projects. The State Library's other bureau, the State Library Services Bureau, provides reference, database and interlibrary loan services for the facility staff libraries. The clients' librarians, especially, note the lack of any consistent ongoing assistance from the State Library, and most of the staff librarians are not aware that one person in the State Library Services Bureau is designated to spend 20% of her time as outreach to state agencies.

Recommendation #86 : The State Library should designate one of its library development consultants as the liaison with the facility librarians, and should promote greater cooperation among the facility librarians and other available State Library resources such as the ethnic services consultant, a literacy consultant, and the state agency services librarian. [Short-range goal; no immediate fiscal impact.]

V. CONCLUDING STATEMENT

The chairperson of one of the hospital staff library committees was unable to meet with me during my needs assessment visit, so instead sent me a letter about the committee's role vis a vis the library and their goals for library services. I cannot say it better.

"We recognize that what we are asking for would take staff and technology (bottom line -- money). However we feel that the investment will more than pay off in the general quality of staff and services delivered. A good staff library is a great staff recruitment and retention asset, a morale builder for staff, and a great source of continuing education and ongoing professional development. The result is better quality care for the patients."

Let me add that a good clients' library provides recreation, education, re-integration, practice in independent living, and normalization for clients. The result of a good clients' library is also better quality care.

VALIDATED PRIORITIES: RESPONSES TO THIS REPORT

A. Responses to the Draft Recommendations

The draft plan was discussed at all eleven DMH and DDS facilities between December 1987 and February 1987. Although standardized questions (in Appendix VI) were used, the results of these debates proved difficult to summarize.

First, at some hospitals/centers, the advisory committee(s), the librarian(s), and the Executive Director each submitted responses -- not necessarily congruent. Other facilities submitted one consensual response. One sent only a short verbal message. Second, most facilities responded with a status report on their conformity with recommendations, rather than stating which recommendations they plan to implement or to support. Despite these problems, a few results are striking.

Recommendations addressing the need for additional and better networking among the libraries and librarians were received the most favorably. For example, there was unanimous agreement on these Immediate Objectives

Librarians' attendance at professional meetings (#42)
Coordinated efforts in staff library collection development (#43)
Involvement in CULP and DOCLINE (#44)

and on these Short-range Objectives concerning networking

Microcomputers in the staff libraries (#34)
Clients' libraries to cooperate with local public libraries and to join library networks (#79)
Clients' libraries to consider contracting with public libraries (60)
Staff exchange program for clients' librarians (#78)

The other recommendations which received unanimous support addressed collections and services. Of the Immediate Objectives these are

Designating the clients' libraries as CTAS sites (#62)
Better signage in the Staff Library (#26)

The unanimously accepted Short-range Objectives on collections and services are

Cooperation among the library, training office, and professional education office on videotape purchase, storage, and use (#17)
Inclusion of more non-medical and less technical publications in the staff libraries (#12)

- Listing of the facility's total holdings in the staff library card catalog (#28)
- Provision of adequate janitorial and maintenance services to both staff and client libraries (#32 and #70)
- Staff library orientations (#22)
- Provision of outreach services from the staff libraries (#24)
- Photocopiers and other equipment in the staff libraries (#33)
- General popular magazines in the clients' libraries (#53)
- Clients' librarians to work on an LSCA proposal (#54)
- Pre-release information and re-entry materials in clients' libraries (#56)
- Library services should be brought to clients (#61)

There was no consensus on the topics of staffing and budgeting, which the report had stressed as paramount. Responses on these issues ranged from no comment to vehement disagreement.

The recommendations which were unanimously rejected by the Executive Directors are those calling for a new chain of command for the staff librarians (#3) and for a per capita funding formula for the staff libraries (#70). Note that some of the librarians, some of the librarians' supervisors, and some of the advisory committees disagreed with their Executive Directors on these points.

The parallel recommendations on chain of command (#48) and per capita funding (#51) for the clients libraries were not rejected unanimously, but were highly controversial with some Executive Directors in support and some in disagreement.

All other recommendations on both the staff and the clients libraries had split responses.

B. Priorities for 1987 - 1990

Using the above responses, the action plan for 1987-1990 should stress

The development of cooperative networking among the facility librarians themselves and with other libraries and networks.

The training of librarians and the sharing of skills and expertise through staff exchanges and attendance at professional meetings.

The acquisition of microcomputers and other equipment for the staff libraries.

Coordination of collection development in staff and clients' libraries.

Outreach services from the staff and clients' libraries.

Enhancement of less technical (staff) and popular (clients) journal collections.

Development of re-entry collections in clients' libraries.

CTAS designation for the clients' libraries.

C. Results Based on the Draft

Even while the draft was being discussed, the majority of the facilities pursued some of the recommended actions. Librarians are already reporting results ranging from promises of additional staffing at two facilities, a greatly increased budget at one, a new library location at Patton, photocopiers and other equipment received at two, and computers on order at two. Several libraries report name changes, staff library committee composition changes, popular materials and video purchases, and DOCLINE participation.

I am hopeful that these changes, resulting from the heightened awareness of the libraries' roles in their facilities, are but the beginning of a period of sustained growth and development.

INDEXES TO RECOMMENDATIONS

I. RECOMMENDATIONS BY RESPONSIBLE AGENCY

A. Departments of Mental Health and Developmental Services/ Requiring Central Administrative Action

Recommendation Number	Page Number
1	47
2	48
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18	62
19	62
20	63
27	66
29	69
34	71
35	71
36	72
37	72
38	72
41	76
46	79
47	80
52	87
56	88
71	98
82	102
83	102
84	104
85	105

Note: Recommendations aimed at the institutional level may also need departmental advocacy.

B. DMH and DDS Facilities/ Requiring Action at the Local Level By Executive Director, Hospital Administrator, and/or Librarian

Recommendation Number	Page Number
3	49
4	51
5	51
6	54
7	54
8	54
9	55
10	55
12	58
13	59
14	59
15	59
16	60
17	60
21	64
22	64
23	65
24	65
25	65
26	65
28	66
29	69
30	69
31	69
32	70
33	71
34	71
35	71
39	73
43	76
44	77
45	77
48	80
50	81
51	84
53	87
54	87
55	88
56	88
57	88
58	89
59	89
60	89
61	92
63	93
64	93
65	93

B. DMH and DDS Facilities/Requiring Action at the Local Level By Executive Director, Hospital Administrator, and/or Librarian (cont.)

66	97
67	97
68	97
69	98
70	98
72	99
78	100

C. California State Library

Recommendation Number	Page Number
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81	101
86	105

D. DMH/DDS Librarians As A Group

Recommendation Number	Page Number
45	77
54	87
78	100

II. RECOMMENDATIONS TIMELINE

IMMEDIATE OBJECTIVES (Action to be taken in 1987)

Recommendation Number	Page Number
2	48
4	51
5	51
13	59
18	62
19	62
23	65
26	65
29	69
35	71
36	72
37	72
38	72
39	73
41	76
42	76
43	76
44	77
47	80
59	89
62	92
72	99
83	102
85	105

SHORT-RANGE GOALS (To be accomplished within 3 years, by 1989)

Recommendation Number	Page Number
1	47
3	49
6	54
7	54
8	54
12	58
17	60
20	63
22	64
24	65
25	65
27	66
28	66
32	70
34	71
45	77
46	79

SHORT-RANGE GOALS (To be accomplished within 3 years, by 1989) (cont.)

50	81
51	84
53	87
54	87
58	89
60	89
67	97
70	98
72	99
78	100
79	100
80	101
81	101
82	102
84	104
86	105

LONG-RANGE GOALS (To be accomplished within 5 years, by 1991)

Recommendation Number	Page Number
9	55
10	55
12	58
14	59
15	59
16	60
21	64
30	69
31	69
55	88
56	88
57	88
61	92
63	93
64	93
65	93
66	97
68	97
69	98

III. RECOMMENDATIONS WITH IMMEDIATE FISCAL IMPACT

Recommendation Number	Page Number
12	58
18	62
19	62
38	72
42	76
72	99
85	105

IV. RECOMMENDATIONS WITH FISCAL IMPACT AFTER 1987

Recommendation Number	Page Number
1	47
8	54
10	55
11	55
14	59
15	59
16	60
21	64
24	65
32	70
33	71
34	71
38	72
41	76
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51	84
52	87
53	87
54	87
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57	88
58	89
60	89
61	92
63	93
64	93
65	93
66	97
70	98
78	100
79	100

APPENDICES

APPENDIX I.

INTERVIEW QUESTIONS FOR FACILITY STAFF AND ADMINISTRATORS

1. When was the last time you needed a specific piece of information for your work? Or had a question which needed an answer? What was the situation? What did you do/where did you turn? Did you get the information you needed? When you needed it?
2. What other sources do you have for materials and information you need in your work?
3. If the staff library was not your first source for the required information, why not?
4. In what ways do you use staff library services? (e.g. Call librarian? Have an assistant go to the library?)
5. How often?
6. Are the hours and location convenient for you? 7. Are they adequate?
8. What types of materials do you most often use (e.g. books, journals, indexes, cassettes)?
9. What are the subject areas you research/read about most often?
10. Is the library collection adequate for your needs?
11. Do you know that the library can borrow books or journal articles which the library here doesn't own? (ILL) Have you done that? Successfully?
12. Have you ever had an online database search done through the staff library? (e.g. DIALOG, MEDLINE, TOXLINE, PSYCHINFO) Was it useful? (If not, why not?)
13. Do you feel the staff library has enough staff?
14. Do you feel that the staff library is adequately funded?
15. In your opinion, what are the staff library's major strengths?
16. In your opinion, what are the staff library's major weaknesses?
17. How do you feel that staff library services could be improved?
18. Do you ever use the residents' library for recreational reading materials for yourself? 19. How often?
20. What do you most often borrow from the residents' library?
21. Do you use the residents' library as a clinical resource for your clients? (e.g. Do you suggest theyr use the library? Take them on field trips?)
22. In your opinion, is the residents' library adequate for the population?
23. Any other comments on either the staff or the residents' library?

ADDITIONAL QUESTIONS FOR ADMINISTRATORS

1. What is the relationship between the staff and residents' libraries?
2. Where do the libraries fit into your administrative structure?
3. What are the major strengths of each library?
   -- staff
   -- residents

4. What are the major weaknesses of each library?
    - -- staff
    - -- residents
5. What would be your first priority for improvement if this were fiscally possible?
6. I will need to know how the libraries are funded, the current library budgets, and the current total institution budget (operating and personnel combined). Can I get this through your office (or whom shall I ask?)?
7. Do you have any other separate libraries (e.g. school, AV dept.)?
8. What is your policy on resident use of the staff library?
9. Do you have electronic mail here? Would you consider purchasing a system such as E-mail that would be useful both to your administrative offices and to the library (for interlibrary loans etc.)? When could this happen?
10. What do you foresee as the future of the libraries in your facility?
11. Can you cite instances in which the library contributes concretely to your institution goals?
12. Has your advisory board ever been to the library or heard a presentation on library services here?
13. Were you with the DMH/DDS when a central research library for the departments existed in Sacramento? Has its closing had any effect on your facility or on your staff's ability to do their jobs?
14. If you were I, what would you recommend to the department about its library and information services?

INTERVIEW QUESTIONS FOR LIBRARIANS

NAME:
FACILITY:
DATE:
LENGTH OF TIME WORKED HERE:

1. Are you responsible for both the staff and resident libraries?
2. What is the relationship between the two libraries?
3. How were you recruited and hired?
4. What is your formal educational experience?
5. What in-service training were you given when you came here?
6. What continuing education have you received since being hired here? From what source?
7. Who is your direct supervisor? 8. Who is next in the administrative hierarchy?
9. Are these people supportive of you and the library?
10. What is the library's mission?
11. Do you have written policy statements?
12. Do you have written short or long range plans for the library?
13. Do you have quarterly or annual reports?

14. What kind of circulation records do you keep? What is your
average monthly circulation?
15. Do you keep reference statistics? 16. If so, how many
questions do you receive per month? 17. What is your fill rate?
18. Do you have full responsibility for book selection? If not,
who plays a role?
19. Do you have an advisory committee? If so, what is its
composition and how are the members selected? How often does it
meet? What is its charge?
20. How are your materials ordered? Processed? Cataloged?
Organized?
21. Do you have full responsibility for writing budget requests?
If not, who plays a role? 22. What is the budget process?
22. What is your annual budget? (materials, staff, operations)
23. Have you received any type of grant funding in the past two
years? (e.g. NLM, LSCA)
24. Is your budget adequate?
25. If I gave you $1,000 for the library today, what would you
purchase?
26. What are your hours of service? 27. How many hours per week
is the library open? 28. How many evening hours? 29. How many
weekend hours?
30. Residents librarian: How do residents arrange to use the
library?
31. Residents librarian: How often may residenmts come to the
library? 32. For how long? 33. Must they be escorted?
34. Residents librarian: Is the residents library part of a
reward/punishment system?
35. Are residents allowed to use the staff library?
36. Do staff use the residents library for themselves?
37. Do staff use the library for/with residents?
38. How do you serve residents/staff who cannot come to the
library? Do you provide services to residents in their living
units? Do you provide table-of-contents, SDI or other services to
staff who do not visit the library?
39. Residents librarian: Do you provide services to mh/dd people
not living here? (outreach into community)
40. Residents librarian: What programming do you offer through
the library?
41. Do you have a library publication?
42. What formats are most popular in your library?
43. What subjects/genres are most popular?
43. Do you have any non-print materials? What?
44. How many ILL requests do you send out per month? 45. Where do
you send them?
46. Do you receive ILL or ILR requests? 47. How often? 48. Can
you fill them?
49. Staff librarian: Which job categories of employees use the
library the most? The least?

50. Staff librarian: Do you provide online database searches for staff? 51. Are they done onsite? 52. If not, what library does them for you (e.g. university, State Library, PSRMLS)? 53. What kind of agreement do you have with that library? 54. How many searches per month? 55. Which database files?
56. What other special services do you offer in your library?
57. Have you done any needs assessment of the residents/staff? Results?
58. How many civilian staff members do you have?
59. How many residents work in the library? How are they selected?
60. May I please see the duty statements (job descriptions) of everyone who works in the library?
61. What could the DMH/DDS do centrally to help you better perform your job here?
62. Do you have any communication with the State Library? Which bureau? What services/assistance do they give you?
63. What else could the State Library do to help you better provide services here?
64. Do you belong to or use any library systems or networks (e.g. RLIN, CLASS, PRMLS or another NLM funded network, NCNMLG, public library system)?
65. How often do you meet or talk with other state facility librarians? With any other librarians? Attend professional meetings/conferences?
66. If you could single out the one biggest problem in your library, what would it be?
67. Of what in your library are you most proud?
68. Is there anything else you want to tell me about the libraries here?
69. If you were I, what would you recommend to the DMH/DDS about their library and information services?

INTERVIEW QUESTIONS FOR RESIDENTS

1. Do you use the residents library?
2. How often?
3. What do you like to do at the library? To use?
4. How do you get to go to the library?
5. Does anyone have to go with you?
6. Can you go to the library as often as you want?
7. What do you like most about the library?
8. What don't you like about it?
9. Are you reading anything/using any library materials now?
10. What? 11. Is that your favorite kind?
12. Are library materials or programs ever brought to your housing unit?
13. Do you ever use the public library when you're not living here?
14. Is there anything else you would like to tell me about the library?

APPENDIX II. OCCUPATIONAL GROUPINGS USED IN ANALYSIS OF INTERVIEW DATA

Because I suspected that the occupation of the interviewee affected the answers to my interview questions, I wanted to analyze the data by occupations. There are, however, hundreds of occupational titles employed by the departments, so I developed my own groupings of occupations solely for use during this study. These occupational groupings are referred to in the Findings section of this report, and in many of the charts.

Medical --
    Medical Director
    Physicians
    Health Service Specialists

Nursing -- All are level-of-care staff

    Registered Nurses
    Licensed Nurses
    Psychiatric Technicians

Psychologists and Social Workers

    Psychologists
    Psychology Associates
    Social Workers

Rehabilitation Therapists

    Recreation Therapists
    Music Therapists
    Occupational Therapists

Educators

    ACEs
    Teachers

Administrators

    Executive Directors
    Hospital Administrators
    Clinical Director
    Program Directors
    Chief Central Program Services
    Personnel Office staff
    Fiscal Office staff
    Purchasing Agents

Other

- Training Office staff
- Medical Ancillary staff (e.g. X-ray, pharmacy)
- Volunteer Coordinator
- Quality Assurance staff
- Dietetics staff
- Operations staff (e.g. janitorial, laundry, grounds)

APPENDIX III.

DMH/DDS INFORMATION NEEDS AND LIBRARY STUDY
LIBRARY SURVEY

Please complete this form -- one form per library, if you are responsible for more than one -- and return to Rhea Rubin when she visits your facility. If you prefer, you may mail it to her at: 5860 Heron Drive, Oakland, CA 94618. She will be meeting with you individually about this survey and about the less quantitative aspects of your library services.

1. Library Expenditures for 1985/86
   - Salaries
   - Books
   - Periodical subscriptions
   - Audiovisual materials
   - Toy and manipulative materials
   - AV Equipment
   - Other equipment (specify)
   - Photocopying
   - Communications
   - Online database searching
   - Supplies
   - Other expenditures
2. Funding
   Please list sources of funds, including any grants or donations.
3. Collection: Number of materials as of 1986
   - Hardcover books
     - a. General
     - b. Serials
   - Paperback books
   - Law books
   - Periodical subscriptions
   - Audiovisual materials (specify format)
   - Toys and manipulative materials
   - Proportion of fiction to non-fiction
4. Library Use: Monthly Statistics (1986)
   - Number of library visits by individuals
   - Number of library visits by classes or groups
   - Number of separate people who visited library
   - Number of materials circulated
     - a. print
     - b. non-print
     - c. audio-visual
     - d. other (specify)
   - Number of materials brought to living units
   - Number of ILLs sent out to other libraries
   - Number of ILLs requested from other libraries
   - Number of reference questions answered in-house
   - Number of reference questions sent on to other libraries
   - Number of online searches done (specify where)
   - Other statistics you may keep

THANK YOU!

APPENDIX IV.

DMH/DDS FACILITY LIBRARIES

AGNEWS/RESIDENTS' LIBRARY
Pamela Healy
(408) 262-2100 x 3382

ATASCADERO/STAFF LIBRARY
Marie Logan
(805) 461-2491/ATSS 690-2491

ATASCADERO/RESIDENTS' LIBRARY
Marie Logan
(Shirley Watts -- evenings and weekends)
(805) 461-2491/ATSS 690-2491

CAMARILLO/STAFF LIBRARY
Nagiko Kiser
(805) 484-3661 x2446/ATSS 644-2446

CAMARILLO/RESIDENTS' LIBRARY
Donna Gorton
(805) 484-3661 x 4335/ATSS 644-4335

FAIRVIEW/STAFF LIBRARY
Barbara Rycroft
(714) 957-5394/ATSS 656-5394

FAIRVIEW/RESIDENTS' LIBRARY
Kathy Pudlock
(714) 957-5379/ATSS 656-5379

LANTERMAN/STAFF AND RESIDENTS' LIBRARIES
Laura Piccolotti
(714) 595-1221 x2664/ATSS 661-2264

METROPOLITAN/STAFF LIBRARY
G. Calvin Tooker
(213) 863-7011 x4334/No ATSS #

METROPOLITAN/RESIDENTS' LIBRARY
G. Calvin Tooker
(213) 863-7011 x3274/No ATSS #

NAPA/STAFF LIBRARY
Barbara Fetesoff
(707) 253-5477/ATSS 543-5477

NAPA/RESIDENTS' LIBRARY
Patricia Bowen
(707) 253-5351/ATSS 543-5351

DMH/DDS FACILITY LIBRARIES (cont.)

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PORTERVILLE/STAFF AND RESIDENTS' LIBRARY
Mary Jane Berry
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SONOMA/STAFF LIBRARY
Eric Mosier
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SONOMA RESIDENTS' LIBRARY
Viki Villalovos
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Walter Greening
(209) 948-7181/ATSS 423-7181

STOCKTON/RESIDENTS' LIBRARY
Yvonne Erb
(209) 948-7469/ATSS 423-7469

APPENDIX V.

STAFF LIBRARY COLLECTION STRENGTHS

by Audrey Powers

From the responses to the survey of staff library materials and the accompanying periodical holdings lists sent by librarians, some special subject strengths seem evident. These strengths can be the basis for future networking, cooperative selection and retention among the institution libraries. PSRMLS'suggested guidelines include a 10+ year retention of journals for libraries in institutions near this size. The librarians have begun working out informal cooperative agreements about journal retention. This should be expanded and formalized, and done along lines of existing program and collection strengths. Exchange of new book orders or lists, and/or catalog cards can provide the basis for cooperative selection of new materials, and for awareness of and access to holdings of other institution libraries. A cooperative union catalog may be a future goal. Regular meetings of the librarians and routing of relevant information will facilitate such exchange.

Some of the existing strengths include:

- Forensic psychiatry, which is strongest at Atascadero and secondarily at Napa and Patton. Atascadero's special abstracts and journals in this area include:

  AMERICAN JOURNAL OF FORENSIC PSYCHIATRY
  BULLETIN OF PSYCHIATRY AND LAW (also at N)
  CRIME AND DELINQUENCY
  CRIME AND DELINQUENCY ABSTRACTS
  CRIMINOLOGY AND PENOLOGY ABSTRACTS
  INTERNATIONAL JOURNAL OF OFFENDER THERAPY AND COMPARATIVE CRIMINOLOGY (also at Pa)
  JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY
  JOURNAL OF PSYCHIATRY AND LAW (also at N, Pa, St)
  JOURNAL OF RESEARCH IN CRIME AND DELINQUENCY
  LAW AND HUMAN BEHAVIOR
  MENTAL AND PHYSICAL DISABILITY LAW REPORTER (also at F, M, N, Pa, Po, So)

- Developmental disabilities/retardation, which is strongest at Camarillo, Fairview, Lanterman, Napa, Porterville, Sonoma and Stockton. Specific abstracts and journals in this are include:

  ARC (Assn. for Retarded Citizens) (L, Po)
  AMERICAN JOURNAL OF MENTAL DEFICIENCY (C, F, L, N, So, St)
  ANALYSIS AND INTERVENTION IN DEVELOPMENTAL DISABILITIES (C, F, L, N, Po, So)

APPLIED RESEARCH IN MENTAL RETARDATION (C, F, L, Po, So)
BRITISH JOURNAL OF MENTAL SUBNORMALITY (F, L, Po, So, St)
CHILD DEVELOPMENT ABSTRACTS AND BIBLIOGRAPHY (C, L, So)
EDUCATION AND TRAINING OF THE MENTALLY RETARDED (C, F, L, Po, So, St)
EXCEPTIONAL CHILD EDUCATION RESOURCES (F, L, Po)
EXCEPTIONAL CHILDREN (Ag, C, L, Po, So, St)
JOURNAL OF APPLIED BEHAVIOR ANALYSIS (Ag, At, C, F, L, N, Po, So, St)
JOURNAL OF AUTISM AND DEVELOPMENTAL DISORDERS (Ag, C, F, L, N, Po, So, St)
JOURNAL OF LEARNING DISABILITIES (C, F, N, Po)
JOURNAL OF MENTAL DEFICIENCY RESEARCH (F, L, So)
JOURNAL OF THE ASSN. FOR PERSONS WITH SEVERE HANDICAPS (F, L, So)
MENTAL RETARDATION (C, F, L, N, Pa, Po, So, St)
PSYCHIATRIC ASPECTS OF MENTAL RETARDATION (F, L, Po, So)
PSYCHSCAN: LD/MR ABSTRACTS ON LEARNING & COMMUNICATION DISORDERS AND MENTAL RETARDATION (F, L)
TEACHING EXCEPTIONAL CHILDREN (Ag, L, Po, St)

- Sex therapy, which is strongest at Atascadero. Specific journals include:

ARCHIVES OF SEXUAL BEHAVIOR (At)
JOURNAL OF SEX AND MARITAL THERAPY (At, Pa)
JOURNAL OF SEX RESEARCH (At)
MEDICAL ASPECTS OF HUMAN SEXUALITY (At, L, N, Pa, St)
SEX AND MARITAL THERAPY (At)

- Rehabilitation and treatment seem strongest at Atascadero, Camarillo, Napa, Patton and Stockton, and are represented by such journals as:

AMERICAN JOURNAL OF ART THERAPY (N, Pa, St)
AMERICAN JOURNAL OF CLINICAL HYPNOSIS (At, C)
AMERICAN JOURNAL OF DANCE THERAPY (F, M, N)
A.J.O.T.: AMERICAN JOURNAL OF OCCUPATIONAL THERAPY (Ag, C, F, L, M, N, Pa, Po, So, St)
AMERICAN JOURNAL OF PSYCHOTHERAPY (At, C, N, Pa, St)
ARTS IN PSYCHOTHERAPY (At, M, N)
BIOFEEDBACK AND SELF-REGULATION (C)
BULLETIN OF THE MENNINGER CLINIC (L, N, Pa, St)
INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY (At, C, M, N)
JOURNAL OF CLINICAL PSYCHIATRY (At, C, N, Pa, So, St)
JOURNAL OF CLINICAL PSYCHOLOGY (At, C, L, N, Pa, St)
JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY (At, C, L, N, Pa, St)
JOURNAL OF MUSIC THERAPY (At, C, F, L, M, N, Pa, Po, So, St)
JOURNAL OF REHABILITATION (C, L)

PROGRAMMING TRENDS IN THERAPEUTIC RECREATION (Pa)
PSYCHOTHERAPY: THEORY, RESEARCH AND PRACTICE (At, C, St)
REHABILITATION LITERATURE (L, N, Po)
SCHIZOPHRENIA BULLETIN (At, C, M, N, Pa, St)
THERAPEUTIC RECREATION JOURNAL (Ag, F, L, N, Pa, Po, So, St)

- Behavior research and therapy, which are strongest at Camarillo and Atascadero. Specific journals include:

BEHAVIOR ANALYST (C)
BEHAVIOR MODIFICATION (Ag, At, C, F, Po, St)
BEHAVIOR RESEARCH AND THERAPY (At, C, F, L)
BEHAVIOR RESEARCH METHODS AND INSTRUMENTATION (At)
BEHAVIOR THERAPIST (C)
BEHAVIOR THERAPY (At, C, L, Po, So)
BEHAVIORAL ASSESSMENT (C)
BEHAVIORAL RESIDENTIAL TREATMENT (C)
BEHAVIORAL SCIENCES AND THE LAW (Pa)
BEHAVIORISM (C)
JOURNAL OF APPLIED BEHAVIORAL ANALYSIS (Ag, At, C, F, L, N, Po, So, St)
JOURNAL OF HEALTH AND SOCIAL BEHAVIOR (At, C)

- Alcohol and substance abuse, represented by such journal titles as:

ALCOHOL HEALTH AND RESEARCH WORLD (At)
DRUG ABUSE AND ALCOHOLISM NEWSLETTER (F)
JOURNAL OF STUDIES ON ALCOHOL (N)

- Genetics, which is strongest at Lanterman. Specific journals include:

AMERICAN JOURNAL OF HUMAN GENETICS (L, So)
ANNALS OF HUMAN GENETICS (L)
JOURNAL OF MEDICAL GENETICS (L)

- Nutrition, which is strongest at Atascadero and Fairview. Specific journals include:

AMERICAN JOURNAL OF CLINICAL NUTRITION (At, C, F, L, M, N, Pa, Po, So)
AMERICAN JOURNAL OF INTRAVENOUS THERAPY AND CLINICAL NUTRITION (N)
JOURNAL OF NUTRITION EDUCATION (At, Pa)
JOURNAL OF PARENTERAL AND ENTERAL NUTRITION (F, So)
JOURNAL OF PEDIATRIC GASTROENTEROLOGY AND NUTRITION (F)

NUTRITION ACTION (At)
NUTRITION AND THE M.D. (At, F, L, N)
NUTRITION REVIEWS (F, Pa, So)
NUTRITION TODAY (At, F, Po)

- Dentistry, which is strongest at Porterville and Sonoma. Specific abstracts and journals in this area include:

AMERICAN DENTAL ASSN. JOURNAL (At, L)
CALIFORNIA DENTAL ASSN. JOURNAL (At, So)
DENTAL ABSTRACTS (C)
DENTAL ASSISTANT (Po)
DENTAL CLINICS OF NORTH AMERICA (C, Pa, Po, So)
JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY (So)
ORAL SURGERY, ORAL MEDICINE AND ORAL PATHOLOGY (Po)
SPECIAL CARE IN DENTISTRY (Po)

As part of the collection evaluation process, a checklist of periodicals, indexes and reference titles was prepared. Among the sources used for compiling this list were:

RUBINTON, PHYLLIS, "Establishing a Psychiatric Library," HOSPITAL AND COMMUNITY PSYCHIATRY, May 1983, v. 34, no. 5, p. 444-450.

BRANDON, ALFRED N. and DOROTHY R. HILL, "Selected List of Books and Journals for the Small Medical Library," 1985/86 edition, reprinted from BULLETIN OF THE MEDICAL LIBRARY ASSN., April 1985, v. 73, no. 2.

---, "Selected List of Books and Journals in Allied Health Sciences," 1984/85 edition, reprinted from BULLETIN OF THE MEDICAL LIBRARY ASSN., October 1984, v. 73, no. 4.

MACKLER, LEONA, comp. and ed., CE-327, MENTAL HEALTH INFORMATION RESOURCES: A BIBLIOGRAPHY, syllabus and updates for Medical Library Assn., Courses for Continuing Education.

Following is a summary of the results of the staff library materials checklist. In some cases the librarians suggested alternate titles or indicated holdings for other editions.

APPENDIX V., pg. 5

	Periodicals/Indexes (List Total = 56)		Reference Titles List Total = 57)		
	Number of periodicals, indexes and subjects from checklist	Number of alternate periodical titles	Number from checklist	Number of older editions	Number of alternative titles
Ag	12		3	1	
At	35	1	36		
C	35	3	12	11	1
F	22		21	8	2
L	26		26	4	2
M	29	2	36		1
N	55		40	5	
Pa	33		37		
Po	24		17	7	1
So	28		17	7	
St	30	1	28	4	2

Most of the libraries, with the exception of Agnews, had good representations from the list, both in periodicals and reference titles. In some cases reference works were quite old and should be updated. In evaluating the library collections, further comparison can be made to the earlier cited lists by Rubinton and Brandon-Hill, and to the lengthy Medical Library Association's *CE-327, Mental Health Information Resources*, the continuing education class bibliography. The latter would be very useful for collection development

DMH/DDS INFORMATION NEEDS AND LIBRARY STUDY

STAFF LIBRARY MATERIALS CHECKLIST

( ) = have alternate/equivalent title
[ ] = have older edition

ABBREVIATIONS:

Ag=Agnews	N=Napa
At=Atascadero	Pa=Patton
C=Camarillo	Po=Porterville
F=Fairview	So=Sonoma
L=Lanterman	St=Stockton
M=Metropolitan	

PERIODICALS AND ANNUALS

Ag		C	F	L	M	N	Pa	Po	So	St	A.J.O.T. (American Journal of Occupational Therapy)
	At	C	F	L	M	N	Pa	Po	So		American Journal of Clinical Nutrition
			F		M	N					American Journal of Dance Therapy
Ag		C	F	L		N		Po	So	St	American Journal of Mental Deficiency
Ag	At	C	F	L	M	N	Pa	Po	So	St	American Journal of Nursing
	At	C				N	Pa			St	American Journal of Orthopsychiatry
	At	C	F	L	M	N	Pa	Po	So	St	American Journal of Psychiatry
Ag	At					N		Po	So		American Journal of Public Health
	At	C	F	L	M	N	Pa				American Psychologist
	At	C		L	M	N			So		Annals of Internal Medicine
						N			So		Annals of Surgery
	At			L	M	N	Pa	Po		St	Annual Review of Psychology
	At	C		L	M	N	Pa	Po	So	St	Archives of General Psychiatry
	At				M	N					Arts in Psychotherapy
						N					Biological Therapies in Psychiatry Newsletter
	At	C		L	M	N					British Journal of Psychiatry
Ag	At			L		N	Pa	Po	So		Bulletin of the Medical Library Assn.
				L		N	Pa			St	Bulletin of the Menninger Clinic
		(C)	F			N					Cancer
			F	L		N			So		Child Development
	At				M	N	Pa	Po			Clinical Social Work Journal
		C			M	N	Pa				Comprehensive Psychiatry
		C				N	Pa				Contemporary Psychiatry

	At					N	Pa				Digest of Neurology and Psychiatry
		(C)			(M)	N				(St)	Geriatrics
					(M)	N					Gerontology
	At	C		L	M	N	Pa	Po	So	St	Hospital and Community Psychiatry
	At	C				N				St	International Drug Therapy Newsletter
	At	C			M	N					International Journal of Group Psychotherapy
		C		L		N			So	St	Journal of the American Academy of Child Psychiatry
Ag	At	C	F	L	M	N	Pa	Po	So	St	Journal of the AMA
	At	C				N				St	Journal of the American Psychoanalytic Assn.
Ag		C		L		N		Po	So	St	Journal of Autism and Developmental, Disorders
		C	F		M	N	Pa	Po	So		Journal of Clinical Psychopharmacology
		C	F			N		Po			Journal of Learning Disabilities
	At	C	F	L	M	N	Pa	Po	So	St	Journal of Music Therapy
	At	C	F	L	M	N	Pa			St	Journal of Psychosocial Nursing and Mental Health Services
	(At)					N					Journal of Studies on Alcohol
Ag	At	C	F	L		N		Po	So	St	Lancet
	At		F		M	N	Pa	Po	So		Mental and Physical Disability Law Reporter
		C	F	L		N	Pa	Po	So	St	Mental Retardation
Ag	At	C	F	L	M	N	Pa	Po	So	St	New England Journal of Medicine
	At	C			M	N	Pa		So	St	Psychiatric Clinics of North America
	At	(C)				N	Pa				Psychiatric News
	At	C				N	Pa		So	St	Psychiatry
		(C)				N				St	Psychoanalytic Quarterly
		C				N				St	Psychoanalytic Study of the Child
	At	C			M	N	Pa			St	Schizophrenia Bulletin
Ag	At				M	N	Pa	Po	So	St	Social Work
	At						Pa				Yearbook of Psychiatry and Applied Mental Health

INDEXES AND ABSTRACTS

						N					Chicago Psychoanalytic Index
Ag	At	C	F	L	M	N	Pa	Po	So	St	Cumulative Index to Nursing and Allied Health Literature
	At	C	F		M	N	Pa			St	Hospital Literature Index
Ag	At	C	F	L	M	N	Pa	Po	So	St	Index Medicus and Cumulated Index Medicus
	At	C	F	L	M	N	Pa	Po	So	St	Psychological Abstracts
	At	C		L	M	N	Pa		So	St	Social Work Research and Abstracts

											REFERENCE TITLES
Ag	At		F	L	M	N	Pa	Po	So	St	AMA Drug Evaluations. 4th ed. 1980, or 5th ed. 1983
			[F]	L				[Po]			Allied Health Education Directory. 12th ed. 1984 (AMA)
	At		[F]	L	M	[N]	Pa	Po			Anastasia, Anne. Psychological Testing. 5th ed. 1982.
	At		F	[L]	M	[N]	Pa	[Po]	So	(St)	Arena, Jay M. Poisoning: Toxicology, Symptoms, Treatments. 5th ed. 1986. (OR Dreisbach, Robert H. Handbook of Poisoning. 11th ed. 1983.)
	At	[C]	F	[L]	M	N	Pa	Po	[So]	[St]	Arieti, Silvano, ed. American Handbook of Psychiatry. 2d ed., 7 vols. 1974-1981.
											Barton, Walter E. Mental Health Administration: Principles and Practice. 2 v., 1983.
		C		L		N				St	Berlin, Irving N. Bibliography of Child Psyciatry and Child Mental Health. 1976.
											Biographical Directories of
	At				M	N			So	St	American Psychiatric Assn.
		C									American Psychoanalytic Assn.
	At		F		M	N		Po	So	St	American Psychological Assn.
	At		(F)		M						NASW Social Work Directory
	At	(C)		L	M	N	Pa				Buros, Oscar K., ed. Personality Tests and Reviews II. 1975.
	At	C	F	L	M	N	Pa	Po	[So]	St	Campbell, Robert J. Psychiatric Dictionary. 5th ed. 1981.
	At	C	F	L	M	N	Pa	Po	So	St	Diagnostic and Statistical Manual of Mental Disorders III. 3d. ed. 1980.
			F						So		Directory for Exceptional Children: A Listing of Educational and Training Facilities 10th ed. 1984.
Ag	At	[C]	F	L	M	N	Pa	Po	So	St	Dorland's Illustrated Medical Dictionary. 28th ed. 1985 (OR Stedman's Medical Dictionary. 24th ed. 1981.)
	At					N	Pa				Ellenberger, Henri. The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry. 1970.
					M		Pa			St	Epstein, Barbara A. Directory of Mental Health Libraries and Information Centers, 1984.
		C			M					[St]	Glick, Ira et al. Family Therapy and Research: An Annotated Bibliography. 2d ed. 1982.

	At	[C]	F	L	M	N	Pa	Po	[So]	St	Goodman and Gilman's The Pharmacological Basis of Therapeutics. 7th ed. 1985.
	At		F	L		N	Pa	Po	So		Goodhart, Robert S., et al. Modern Nutrition in Health and Disease. 6th ed. 1980.
	At		F	L	M	N	Pa	Po	So	St	Gray's Anatomy (OR Greisheimer, Esther. Physiology and Anatomy).
							Pa				Greenberg, Bette. How To Find Out In Psychiatry. 1978.
					M	N	Pa		So	St	Grinstein, Alexander. Index of Psychoanalytic Writings. 14 vols.
						N					Hackett, Thomas P. Massachusetts General Hospital Handbook of General Hospital Psychiatry. 1978.
	At		[F]		(M)					(St)	Handbook of Nonprescription Drugs. 7th ed. 1982.
											Hospital Law Manual
	At	C	F	L	M	N	Pa		So	St	Jones, Ernest. The Life and Works of Sigmund Freud. 3 vols.
[Ag]	At	[C]	[F]	[L]	M	N	Pa	[Po]	So	St	Kaplan, Harold. Comprehensive Textbook of Psychiatry. 4th ed. 2 vols. 1984.
	At	[C]			M	N	Pa			St	Klein, D.F., et al. Diagnosis and Drug Treatment of Psychiatric Disorders. 2d 3d. 1980.
	At	[C]	[F]	L	M	N	Pa	[Po]	[So]	St	Kolb, Lawrence. Modern Clinical Psychiatry. 10th ed. 1982.
	At	[C]	F	L	M	[N]	Pa	[Po]	So	[St]	Krupp, Marcus. Current Medical Diagnosis and Treatment. 1985.
						N					Laplanche, J. The Language of Psychoanalysis. 1973.
											Laska, Eugene M. Information Support to Mental Health Programs: An International Perspective. 1983.
					M	N				St	Lishman, W.A. Organic Psychiatry. 1978.
	At	C			M	N	Pa			St	MacKinnon, Roger A. The Psychiatric Interview in Clinical Practice. 1971.
	At		F			N	Pa				Magilini, S. Dictionary of Medical Syndromes.
Ag	At		(F)	L		N	Pa	Po	So	St	Medical Books and Serials in Print.
	At		F	L		N				St	Mental Health Directory. 1977 or 1985.
	At	[C]	F	L	M	N	Pa	[Po]	[So]		Merck Index. 10th ed. 1983.
	At	C	F	L	M	N	Pa	Po	So	St	Merck Manual. 14th ed. 1982.
	At		[F]	[L]	M	N	Pa		[So]		Miller, Benjamin F. Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 3rd ed. 1983.

		F	L	M	N	Pa	Po		St	Mitchell, James V. Mental Measurements Yearbook.
		F	L		N	Pa			St	Mitchell, James V. Tests in Print III. 1983.
At										National Directory of Mental Health: A Guide to Adult Outpatient Mental Health Facilities and Services Throughout the U.S. 1980.
			L	M	N	Pa				Nicholi, Armand. Harvard Guide to Modern Psychiatry. 1978.
	C			M	N					Noshpitz, Joseph. Basic Handbook of Child Psychiatry. 4 vols. 1979.
At	[C]	F	L	M	N	Pa	Po	[So]	St	Petersdorf, Robert G. Harrison's Principles of Internal Medicine. 10th ed. 1983.
At	C	F	L	M	[N]	Pa	Po	So	St	Physicians Desk Reference. 40th ed. 1986.
At	[C]	[F]	L	M	[N]	Pa	Po		St	Psychiatric Glossary. 5th ed. 1980.
		[F]	(L)	M	N					Reich, Warren J. ed. Encyclopedia of Bioethics. 4th ed. 4 vols.
At					N				St	Roper, F.W. Introduction to Reference Sources in the Health Sciences.
	C				N		[Po]			Ruskin, Asa P. Current Therapy in Psychiatry: Physical Medicine and Rehabilitation. 1984.
					N	Pa				Sacks, Michael et al. Core Readings in Psychiatry: An Annotated Guide to the Literature.
At	C		L	M	N	Pa	(Po)		St	Strachy, J. The Standard Edition of the Complete Works of Freud.
				M	N	Pa				Wells, Charles. Neurology for Psychiatrists. 1980.
At	[C]		(L)	M	N	Pa			[St]	Yalom, Irvin. The Theory and Practice of Group Psychotherapy. 3d ed. 1985.

APPENDIX VI.

FOCUS QUESTIONS

Please use each of these questions with each of the relevant immediate and short-range goals which require action at the local level (See summary sheets).

1) Is this recommendation feasible here? If not, why not?

2) Can this recommendation be implemented this year (for immediate objectives) or by 1989 (for short-range goals)? If not, why not?

3) Are the resources available to implement the recommendation? Can resources be reallocated from elsewhere? How? Where?

4) Is central, departmental action needed to help implement this recommendation?

5) If so, what strategies should be pursued to bring about departmental action?

6) What role do I (the librarian) have in implementing the recommendation?

7) When can our institution be expected to implement this recommendation?

APPENDIX VII.

LSCA ADVISORY BOARD

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APPENDIX VIII.

FISCAL IMPACTS OF RECOMMENDATIONS FOR 1987

The cost figures given below are estimates only, offered as guides to planning and implementation. Note that only recommendations with direct costs to the library are included; hidden costs covered by the facility's general overhead (e.g. production of directional signs) are not costed out below. Some recommendations, because of their interdependent nature, must be costed out locally in each facility.

Central Expenses

A. STAFF LIBRARY

1) Recommendation #18 calls for the Life Skills Resource Centers in the staff libraries to be established and equipped with Education monies, as a one-time capital expense, with a standing budget item for continuing expenses.

Estimated initial equipment cost per facility: $7,000
Estimated continuing expenses per facility per year: $2,000

2) Recommendation #19 calls for the Statewide Life Skills Resource Center at Camarillo to be funded and staffed separately from the facility's staff library, using ECIA or ABE funds.

Estimated staff cost per year: $21,450 (Clerical Assistant at $16,500/yr plus 30% benefit package)
Estimated initial equipment cost: $7,000
Estimated continuing expenses per year: $2,000
Estimated initial materials budget: $15,000

B. CLIENTS' LIBRARY

1) Recommendation #85 calls for the DMH Treatment Activities Evaluation (program review process) to include library services. After amending the protocol to include library services deemed to be directly related to treatment, the cost would be the fee and travel expenses of an outside consultant to do the bi-annual site visits to each of the five facilities. Assuming local evaluators and minimal travel expenses,

Estimated annual cost of a local evaluator: $1,000/yr (2 facilities per year)

2) Recommendation #72 calls for modern equipment, including a computer, in each clients' library, purchased with ECIA money.

Estimated initial equipment & materials cost per facility: $10,000
Estimated continuing expenses per facility per year: $2,000

FISCAL IMPACTS OF RECOMMENDATIONS FOR 1987 (cont)

Local Expenses

A. STAFF LIBRARY

1) Recommendation #12 calls for more non-medical journals and less technical publications in the staff libraries.

Estimated annual cost: $250 (6 subscriptions)

2) Recommendation #38 calls for budgeting for ongoing automation costs, including training, database searches, hardware maintenance, and software purchases.

Est. costs/yr for training in database searching: $750 (based on 2 staff people per year receiving one day training each, including travel costs and per diem)
Est. annual searching cost: $2000 (520 searches/yr at 15 minutes per search at $15/hr online search fee)
Est. service contract on a microcomputer: $500/yr
Est. software purchases per year: $500

3) Recommendation #42 calls for encouraging librarians to attend professional meetings.

Estimated cost per year : $650 (attendance at one regional meeting and one statewide meeting per year, including travel and per diem)

B. CLIENTS' LIBRARY

1) Recommendation #63 calls for budgeting for ongoing automation costs.

Est. cost for training: $350/ yr (including travel and per diem)
Est. cost for service contract on a microcomputer: $500/yr

2) Recommendation #42 calls for encouraging librarians to attend professional meetings.

Estimated cost per year: $650 (attendance at one regional meeting and one statewide meeting per year, including travel and per diem)

FISCAL IMPACTS OF RECOMMENDATIONS IMPLEMENTED AFTER 1987

Central Expenses

1) Recommendation #34 calls for a microcomputer, with modem, printer, and software, in each staff library.

This recommendation is superseded by #18 which would provide these items. If recommendation #18 is not implemented, the following costs are anticipated:

Estimated initial cost per facility: $7,000
Estimated continuing cost per facility: $2,000 per year

2) Recommendation #41 calls for statewide meetings of the institutional librarians twice a year.

Est. cost: $12,000 (20 people meeting twice a year, including travel and per diem)

3) Recommendation #52 calls for establishing basic legal collections in the clients' libraries.

Est. initial cost per facility: $4500 (including basic legal research materials in English and Spanish, Mental and Physiclly Disabled Law Reporter, Annotated California Codes, and other California source and support materials. These selections and costs based on the American Association of Law Libraries 1985 list of "Recommended Collections for Institutions.")
Est. upkeep costs per facility: $1500 per year.

4) Recommendation #66 calls for the training of librarians to provide legal information services to clients.

Estimated cost: $10,000 (two-day training session for 20 librarians, including their travel and per diem and the fee, travel, and per diem of a trainer).

Local Expenses

A. STAFF LIBRARY

1) Recommendation #1 calls for a minimum of one professional librarian and one part-time clerical assistant in each library.

Note that all but Agnews already have a Staff Librarian and some have existing clerical assistance. The estimated cost is based on a library without any current staff.

FISCAL IMPACT OF RECOMMENDATIONS IMPLEMENTED AFTER 1987 (cont)

Est. cost per facility per year: $60,000 (based on a mid-range Librarian I and a mid-range Clerical Assistant, including 30% benefit package).

2) Recommendation #8 calls for a staff library materials budget based on this funding formula: $15 per bed or $10 per staff member, whichever is higher.

Note that the cost of this recommendation will vary among facilities depending on their sizes.

Estimated cost per facility: $21,000 per year.

3) Recommendation #10 calls for additional staff library funding in institutions remote from university libraries.

Estimated cost per remote facility: $19,000 - $37,500 depending on the facility (based on increasing the collection 5% at $75 per volume)

4) Recommendation #14 calls for the provision of some popular reading in the Staff Library.

If Recommendation #12 (non-technical journals) has been implemented in 1987, the additional cost per facility would be for books only.

Estimated cost for books: $500 (100 paperback volumes)

5) Recommendation #15 calls for upgrading the basic general reference collections.

Note that the current reference collections vary greatly in their size and quality. The cost estimate is based on an extremely poor current collection.

Estimated initial cost per facility: $3,500 (based on required basic reference lists for Illinois and Massachusetts small libraries.)
Estimated upkeep costs per facility: $500 per year

6) Recommendation #16 calls for annotated California codes in the staff libraries.

Estimated initial cost per facility: $2,000
Estimated upkeep cost per facility : $500 per year

7) Recommendation #21 calls for requiring the staff librarian to provide basic library and information services. The initial cost of such a requirement is that of rewriting job descriptions,

FISCAL IMPACT OF RECOMMENDATIONS IMPLEMENTED AFTER 1987 (cont)

recruitment announcements, and annual performance evaluation specifications as well as improving the collections and equipment with which the librarian works. This recommendation includes too many interdependent factors to be costed out at this time.

8) Recommendation #24 calls for the provision of outreach library services to staff.

Estimated cost per facility: $12,250 per year (a half-time Library Technical Assistant I, including a 30% benefit package)

9) Recommendations #30 and #31 call for relocating the staff library in a handicapped-accessible, conveniently located room(s), with ample space for the collection and work and office space.

Estimated cost: To be added in January, based on Patton's staff library relocation.

10) Recommendation #32 calls for regular, routine janitorial maintenance of the staff library.

Estimated cost: To be added in January, based on the Service Level 8 Table for janitors, Appendix 3.4.1. of ACR 103.

11) Recommendation #33 calls for a photocopier, electric typewriter, audiocassette players, and video cassette players in each staff library.

Note that each staff library has some of this equipment already. The cost estimate is to purchase all new equipment.

Estimated cost per facility: $4,000

B. CLIENTS' LIBRARY

1) Recommendation #46 calls for a minimum of one professional librarian and one part-time clerical assistant in each library.

Note that Patton and Napa already have two librarians and need only to add clerical staff. The estimated cost given is for libraries without any staff.

Estimated cost per facility: $60,000 per year (based on a mid-range Librarian I and a mid-range Clerical Assistant, including 30% benefit package).

FISCAL IMPACT OF RECOMMENDATIONS IMPLEMENTED AFTER 1987 (cont)

2) Recommendation #51 calls for a clients' library materials budget based on this funding formula: $15 per bed based on licensed beds.

Note that this cost will vary among facilities depending on their sizes.

Estimated cost per year: $7,875 to $21,000 per facility.

3) Recommendation #60 calls for the provision of outreach services to clients.

Estimated cost per facility: $12,250 per year (a half-time Library Technical Assistant, including a 30% benefit package).

4) Recommendation #63 calls for requiring the clients' librarians to provide basic library and information services. The initial cost of such a requirement includes rewriting recruitment announcements, job descriptions, and annual performance evaluation specifications, as well as upgrading the collections and equipment with which the librarian works. This recommendation includes too many interdependent factors to be costed out at this time.

5) Recommendation #70 calls for regular, routine janitorial maintenance of the libraries.

Estimated cost: To be added in January, based on the Service Level Table for janitors, Appendix 3.4.1., ACR 103.

6) Recommendation #53 calls for additional popular magazines in the clients' libraries.

Estimated cost per facility: $250 per year (10 subscriptions)

7) Recommendation #56 calls for pre-release information files and re-entry materials in the clients' libraries.

Estimated cost per facility: $400 per year (20 books)

8) Recommendation #57 calls for additional therapy-related materials for clients.

Estimated cost per facility: $400 (40 paperback books)

FISCAL IMPACT OF RECOMMENDATIONS IMPLEMENTED AFTER 1987 (cont)

9) Recommendation #58 calls for the loan of recreational videocassettes to the living units.

Estimated cost per facility: $1,000 per year (based on a $2 per video rental contract)

10) Recommendation #60 calls for contracting with local public libraries or systems to augment their collections.

Estimated cost per facility: $1,000 per year (based on the Atascadero/San Luis Obispo Library contract).

11) Recommendation #64 calls for extended library hours.

Estimated cost per facility: $12,250 per year (a half-time Library Technical Assistant I, including a 30% benefit package).

12) Recommendation #65 calls for library programming.

Assuming sufficient staff (see Recommendations #46 and #64), costs are primarily for supplies.

Estimated non-staff cost per facility: $700 per year (based on Farivew's Community Library programming budget).

13) Recommendation #66 calls for the provision of legal information services to clients.

If the recommended legal collection has been purchased (#55), the legal training has been provided (#67), the library is adequately staffed (#46), and the libraries are properly equipped (#33), this service should have no additional cost.

14) Recommendations #68 and #69 call for relocation of the clients' library to a handicapped-accessible, conveniently located room(s) with ample space for the collection and work and office space.

Estimated cost: To be added in January, based on the cost of relocating Patton's staff library.

15) Recommendation #78 calls for the establishment of a staff exchange program among institution libraries.

In most such programs, the requesting location pays the per diem and travel expense of the visiting librarian, with his/her own facility allowing administrative leave for this purpose.
Estimated cost per exchange visit: $350

FISCAL IMPACT OF RECOMMENDATIONS IMPLEMENTED AFTER 1987 (cont)

16) Recommendation #79 calls for the institution libraries to join multi-type library networks.

Because the legislation creating multi-type library networks has not yet been written, it is premature to calculate costs of membership and participation in networks. The costs will include membership fees, telecommunication fees, delivery and other service charges.